

STATES OF GUERNSEY  
BOARD OF HEALTH



73rd

ANNUAL REPORT

of the

**Medical  
Officer of  
Health**

REPORT FOR  
THE YEAR 1971

1972



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# Report of the Medical Officer of Health for 1971

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Lukis House,  
Grange,  
Guernsey.  
August 1972.

Sir,

I have the honour to present to you the Annual Report on the health of the Bailiwick of Guernsey for the year 1971.

I have the honour to be, Sir,

Your obedient servant,

C. G. WHITE, M.B.E., M.A., B.M., B.Ch., D.P.H., D.I.H.,

Medical Officer of Health.

The President,  
Board of Health,  
Guernsey.

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## MEMBERS OF THE BOARD OF HEALTH

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A. B. Seth-Smith, F.R.C.S.

Secretary and Hospital Administrator—Mr. J. W. Sarre.



## MEMBERS OF STAFF

---

<i>Public Health Department</i>		<i>Date of commencement of service with Dept.</i>
WHITE, Dr. C. G.	M.B.E., M.A., B.M., B.Ch., D.P.H., D.I.H. Medical Officer of Health	15.11.62
WITHERICK, Dr. Elizabeth H.	M.B., B.Ch., (Wales), Deputy Medical Officer of Health	24. 4.69
CAIN, Mr. H. J.	Administrative Assistant to Public Health Dept.	1. 8.70
<i>Health Inspectors</i>		
BALL, Mr. J.	M.R.S.H., M.A.P.H.I. Chief Public Health Inspector	1. 9.64
BAIRDS, Mr. J. M.	M.R.S.H., M.A.P.H.I. Public Health Inspector	14. 3.66
EDWARDS, Mr. S. R.	A.A.P.H.I. Senior Assistant Sanitary Inspector	15. 1.46
LE TOCQ, Mr. S. A.	A.A.P.H.I. Assistant Sanitary Inspector	15. 1.46
WILTSHIRE, Mr. S. B. W.	M.A.P.H.I. Public Health Inspector	1.2.71
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PREVOT, Mrs. M. D.	S.R.N., R.F.N., S.C.M. H.V.Cert. Health Visitor/School Nurse	1.10.52 to March 1971.
HORKAN, Mrs. M.	S.R.N., R.F.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	1. 5.57
JOHNSTON, Mrs. I. A. R.	R.S.C.N., R.G.N., S.C.M. H.V.Cert. Health Visitor/School Nurse	18. 2.63
SIMON, Mrs. J.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	7. 2.66
RENIER, Miss H. M.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	1. 4.70
ERSKINE, Mrs. J.	S.R.N., S.C.M., H.V.Cert. Health Visitor/School Nurse	1.7.70 to May 1971.
LANGLOIS, Mrs. M.	N.N., N.S.C.N., S.R.N., S.C.M., H.V.Cert.	15.3.71 and previously from 22.2.65 to Sept. 1969

## INTRODUCTION

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The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over-simplification which must suffice for present purposes, but the student will not lack for much more detailed information elsewhere.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self-government since William, Duke of Normandy gained the English Crown, are sufficient proof of this.

GEOGRAPHICAL

The Island of Guernsey is seventy-five miles from Weymouth, forty-two from Cherbourg and sixty-one from St. Malo. Its area is 25.1 square miles and its highest point is 345 feet above sea level.

METEOROLOGICAL STATISTICS

1971

*Sunshine :*

Total hours Guernsey (L'Ancrese)	...	...	2086.1	Average (6 years)	1894.0
Total hours Guernsey (Airport)	...	...	1902.2	Average (50 years)	1856.1
Sunless days Guernsey (Airport)	...	...	49	Average (50 years)	58

*Rainfall :*

Total inches 1971	...	...	...	...	23.93	Average (50 years)	35.85
Rain days 1971	...	...	...	...	138	Average (50 years)	184

*Temperature :*

							°C.	°F.
Yearly mean	...	...	...	...	...	...	10.5	50.9
Average 50 years	...	...	...	...	...	...	10.7	51.3
Mean daily range	...	...	...	...	...	...	4.9	8.8
Average 50 years	...	...	...	...	...	...	4.8	8.7

*Wind :*

	Calm	N	NE	E	SE	S	SW	W	NW
Days in the year	17	34	53	52	26	49	50	58	26



Vital Statistics—Guernsey 1971

Population—Census 25th/26th April 1971	...	...	...	49,399
Area	...	...	...	16,062 acres
Population density (Guernsey only)	...	...	49,399	3.075 per acre
				16,062

Number		Rate 1971	Rate 1970 (i.e. based on amended population figures)	Mean of 5 years 1966-1970	Highest in 5 years 1966-1970	Lowest in 5 years 1966-1970	England (& Wales) Rate 1971 where available	England (& Wales) Rate 1970	England (& Wales) Mean of past five published figures
Deaths (total)	646	per 1000 population	‡ Crude ‡ Corrected	13.08	12.58	12.88	11.46	11.7	11.6
Cancer mortality (all forms)	149	"	"	3.02	1.86	11.07	9.83	*	*
Lung cancer mortality	39	"	"	0.79	0.41	2.48	1.86	2.4	2.3
Tuberculosis mortality	4	"	"	0.08	0.04	0.51	0.41	0.63	0.63
Live births (legitimate and illegitimate)	768	"	"	15.55	16.22	16.72	16.14	16.0	16.5
Live births (illegitimate only)	68	"	live births	88.54	85.64	91.16	78.50	83.0	83.2
Stillbirths	12	"	births (live and still)	15.38	8.74	13.56	8.74	12.9	13.4
Infant mortality (deaths in first year of life)	10	"	live births	13.02	16.37	19.89	16.37	18.2	18.1
Neonatal mortality (deaths in first month of life)	8	"	live births	10.42	12.59	14.72	11.97	12.3	12.2
Early neonatal mortality (deaths of infants under one week)	7	"	live births	9.11	12.59	14.20	11.97	*	*
Perinatal mortality (stillbirths & deaths of infants under one week)	19	"	births (live and still)	24.36	21.22	27.54	21.22	23.4	24.6
Maternal mortality	—	"	total births	—	—	0.268	—	0.18	0.21

\* not available.

† provisional.

‡ the correction is related to the particular age and sex distribution of the Island.  
the comparability factor is not yet available—see note to Appendix I.

“ We live in deeds, not years; in thoughts, not breaths;  
In feelings, not in figures on a dial.  
We should count time by heart-throbs. He most lives  
Who thinks most—feels the noblest—acts the best ”.

Philip James Bailey  
(1816-1902)

### *General Health*

The year will probably be remembered for the autumn drought rather than for anything else. The crisis measures which had to be contemplated did not have to be put into effect. Even by the year's end total rainfall was nearly twelve inches less than the fifty-year average. The public response to the appeals from the Water Board for reduced consumption saved a serious situation from becoming even more grave and the Board managed to maintain the adequacy and quality of the piped supply. There is no recorded evidence of any adverse effect on the health of the Island. Indeed, in terms of many of the statistics regularly observed by the Health Department 1971 was very much an average year and, in some respects better.

1971 was also census year. The enumeration was analysed within the Island and the results were available in a matter of weeks after census night. This is a most welcome change from the previous procedure of having our census data processed elsewhere, Guernsey having to wait its turn at the end of the queue before results could be published, often several years later. The 1971 census showed a population some 5% greater than would have been calculated as the estimated mid-year population from the data of the 1961 census, projected. This is now common knowledge and a part of the evidence of the general expansion which took place during the sixties. The proportions of total population expressed in this report have the advantage of the 1971 enumeration.

### *Population Statistics*

There were 768 live births and 646 deaths during the year, giving a natural increase of 122. The mean of the annual natural increase for the five years 1966-1970 is 176.

#### *Births*

(Figures in parenthesis refer to 1970). The 768 (794) live births in 1971 give a rate of 15.55 (16.72) per 1,000 population. The mean of the same rate for the preceding five years is 16.72. The provisional rate for England and Wales in 1971 is published as 16.0 per 1,000 population.

There were 68 (65) illegitimate live births, giving a rate of 88.54 (85.64) per 1,000 live births. The mean of the preceding five years is 91.16 per 1,000 live births. The rate for England and Wales for 1971 is not yet available: for 1970 it was 83 illegitimate live births per 1,000 total live births and the mean of the preceding five years (England and Wales) is 83.2.

Twelve (7) still births are recorded in 1971 giving a rate of 15.38 (8.74) per 1,000 births (both live and still). The five year average is 13.56 still births per thousand total births. The provisional still birth rate for England and Wales in 1971 was 12.2.



## *Marriages*

There were 461 (465) marriages in 1971 giving a rate of 9.3 marriages per thousand population. The rate in 1970 was 10.0 marriages per 1,000 population and the mean of this rate for the preceding five years is 9.29.

## *Mortality*

While the main pattern of mortality has not changed the method of recording it has been brought into line with current practice in most countries. In my Annual Report for 1970 I forecast this change by referring to the 'new', or standardised form of death certificate, first introduced in Guernsey in January 1970. From the information each death certificate supplies the cause of death is coded, in accordance with the International Statistical Classification of Diseases, Injuries and Causes of Death. The first principle of the international coding procedure is that each death is given a code relating to the earliest event in the direct sequence culminating in death. The certificate in use before January 1st 1970 did not provide the essential information required to codify mortality with sufficient precision. All too often a single entry had to suffice and this frequently indicated the mode of dying rather than the cause of death. The international certificate now in use enables the certifying doctor to be much more precise in the information he provides and thus coding is more accurate.

Since this method of certification and coding is international practice, it follows that comparisons between the mortality experience of one country and another can be made with some confidence. Alas, it reveals what I have long suspected but have been unable to substantiate before now, that Guernsey's true experience of lung cancer is higher than it has been recorded. Indeed, the Guernsey lung cancer death rate in 1971 is 0.79 per 1,000 population and this will probably prove to be among the highest in the world. Jersey has suffered an unenviable reputation for many years because of a persistently high lung cancer death rate: in 1971 Guernsey's lung cancer death rate is 7.6 per cent higher than the average of this rate in Jersey during the past 5 years (0.73 per 1,000 population). Guernsey's rate is more than 25% greater than the lung cancer death rate in England and Wales, and that is among the highest in Europe. If we have to have a world record, I would prefer it was not this one.

## *Deaths*

646 (616) deaths during 1971 give a crude death rate of 13.08 (12.58) per 1,000 population, the mean of this rate for the preceding five years being 12.88. The comparable rate in England and Wales in 1971 was 11.6. Corrected for the age and sex distribution of the population the corrected death rate for Guernsey for 1971 is 11.25 per 1,000 which compares with a mean of 11.07 for the 5 years 1966-1970. (But see note at foot of Appendix I concerning the comparability factor).

## *Infant Deaths*

There were 10 (13) deaths of infants in the first year of life during the year, a rate of 13.02 (16.37) per 1,000 live births. This is considerably lower than the mean of this rate for the years 1966-1970 which is 19.89.

### *Neonatal Deaths*

Of the ten infant deaths 8 (10) died in the first four weeks of life, giving a neonatal mortality rate of 10.42 (12.59) per 1,000 live births. The five year mean of this rate is 14.72.

### *Early Neonatal Deaths*

Of the 8 infants dying in the first four weeks of life 7 (10) died in the first seven days of life, giving an early neonatal mortality rate of 9.11 (12.59) per 1,000 live births. The mean of five years for this rate is 14.20. The commonest single factor accounting for these early neonatal deaths in 1971 is again prematurity at birth.

### *Perinatal Mortality*

Perinatal deaths are still births plus early neonatal deaths. There were thus  $12 + 7 = 19$  (17) perinatal deaths giving a rate of 24.36 (21.22) per 1,000 births both live and still in 1971. The five year mean of this rate is 27.54. The rate for England and Wales for 1971 is not available: for 1970 it is published as 23.4 and the mean of the past five published figures is 24.6.

### *Maternal Mortality*

There were again no maternal deaths during the year 1971. The five year mean for Guernsey is 0.27 maternal deaths per 1,000 total births which compares with 0.18 for England and Wales for the year 1970, the mean of the last five published figures being 0.21.

### *Principal Causes of Death*

(Hereafter figures in parentheses do not refer to 1970 but serve to amplify the text).

As I have indicated earlier, the main pattern of mortality has not changed, but the increased accuracy of the international death certificate has inevitably led to some increases and decreases in the three principal causes of death by comparison with the numbers and proportions expressed in previous years. Thus Group VII—the cardiac and circulatory group of diseases, and Group II—cancer all forms—both show increases as proportions of total deaths. The third largest group—Group VIII, or the respiratory diseases—shows a decrease to about half what has been recorded in earlier years. I am convinced that these changes are the direct and desirable result of increased accuracy in recording and coding and not sudden increases and decreases in mortality causation. In other words, this greater precision reveals what the true situation really is, whereas the truth has been obscured in previous years for lack of it. I would like to thank my colleagues in the group practices for the patience they have shown to me when I have importuned them for the further information needed to enable coding to be exercised meaningfully and accurately.

There are those who compare statistics most unfavourably with truth; Carlyle suggests that anything can be proved with figures. Furthermore, they afford a means of comparison and comparisons, so John Donne advises, are odious. Certainly figures can be uncompromising and disquieting, but these are not good reasons for discounting them so long as they are agents of fact.



The three main groups of diseases already mentioned account for 84.6% of all deaths (543:646). In 1971 333 deaths (148 M and 185 F) were ascribed to cardiac and circulatory diseases (Group VII) representing 51.6% of all deaths (45.6% of all male deaths and 57.7% of all female deaths).

<i>Age Group</i>	MALES		FEMALES	
	<i>Deaths</i>	<i>% of all deaths in age group</i>	<i>Deaths</i>	<i>% of all deaths in age group</i>
45-64 .....	32(: 74)	43.3	22(: 44)	50.0
65-74 .....	48(:105)	45.7	37(: 75)	49.3
75 + .....	64(:117)	54.7	123(:192)	64.0
Age 45 + .....	144(:296)	48.7	182(:311)	58.5

Acute myocardial infarction continues to exact its disproportionate toll of men in their middle years.

<i>Age group</i>	MALE		FEMALE	
	<i>‘Coronary’ Deaths</i>	<i>%</i>	<i>‘Coronary’ Deaths</i>	<i>%</i>
45-64 .....	16 (:32)	50.0	7 (: 22)	31.8
65-74 .....	15 (:48)	31.3	11 (: 37)	29.7
75 + .....	25 (:64)	39.1	40 (:123)	32.5
Age 45 + .....	56 (:144)	38.9	58 (:182)	31.9

The proportions expressed above are coronary deaths per hundred deaths in each age group attributed to diseases of the circulatory system. The difference between the sexes is a feature common to populations with a comparable standard of living. Taking all male deaths from all causes in the 45-64 year age group (74) 16, or more than one in five (21.6%) died of coronary heart disease. This is somewhat better than last year (1970) when 27.1% (23:85) of males between these ages succumbed to coronary heart disease. Nevertheless, it is still a formidable proportion.

*Deaths due to Malignancy (Cancer, all Forms)*

In 1970 there were fewer cancer deaths than for the preceding 9 years and I expressed the fear then that such a reduction could not be hailed as a trend, but should be regarded as a fortunate occurrence. In 1970 there were only 91 deaths ascribed to cancer. In 1971 no less than 149 deaths were attributed to cancer, 23% of all deaths from all causes, which more than redresses the balance.

There were only 4 cancer deaths, all males, under the age of 45 years. By age and sex groupings the pattern thereafter is illustrated below.

<i>Age Group</i>	MALES		FEMALES	
	<i>Cancer Deaths (all deaths, all Causes)</i>	<i>% all Deaths all causes in age group</i>	<i>Cancer Deaths (all deaths, all causes)</i>	<i>% all Deaths all causes in age group</i>
45-64 .....	25 (: 74)	33.8	18 (: 44)	40.9
65-74 .....	33 (:105)	31.4	18 (: 75)	24.0
75 + .....	26 (:117)	22.2	25 (:192)	13.1
Age 45 + .....	84 (:296)	28.4	61 (:311)	19.6

Thus of all persons dying between the ages of 45 and 64 years 36.2% (43:118) or more than 1 in 3 died of cancer of one form or another.

Among females the commonest site of cancer was the gastro intestinal system, 20 deaths or 32.8% of all female cancer deaths. Cancer of the breast accounted for 6 deaths (9.8%) and of the cervix uteri 4 deaths (6.6%). There were only 3 deaths among females ascribed to cancer of the trachea, bronchus or lung (4.9% of all female cancer deaths).

Among males there is one site of cancer outstanding among all others—the lungs. There were 36 male lung cancer deaths altogether or 41% of all male cancer deaths. This is to say that of all male deaths due to all causes at all ages, lung cancer accounts for 11.2%. There were no male deaths due to lung cancer below age 45 years: thereafter the pattern is as follows:

MALES					
<i>Age group</i>	<i>Lung cancer deaths</i>	<i>Deaths due to cancer (all causes)</i>	<i>Total deaths all causes</i>	<i>Cancer lung as % all cancer deaths</i>	<i>Cancer lung as % total deaths (all causes)</i>
45-64 .....	14	25	74	56.0%	18.9%
65-74 .....	12	33	105	36.4%	11.4%
75 + .....	10	26	117	38.5%	8.6%
Age 45 +	36	84	296	42.8%	12.2%

It has become usual to express lung cancer deaths per million population. In England and Wales in 1971 the male rate was 1,060 per million and the female rate 224 per million. For the population this represents 630 per million. The equivalent Guernsey rates for 1971 are shown in tabular form below for comparison:

<i>Lung Cancer Death Rates per Million Population</i>							
<i>England and Wales 1971</i>				<i>Guernsey 1971</i>			
<i>(Provisional figures)</i>							
Females	224	...	...	...	...	117	(—48%)
Males	1060	...	...	...	...	1516	(+ 43%)
Population	630	...	...	...	...	790	(+ 25.4%)

(The proportions following the Guernsey figures are the percentage increase, or decrease, as compared with the provisional figures for England and Wales 1971).

It is established that lung cancer occurs about thirteen times among cigarette smokers for every single occurrence among non-smokers: thus Guernsey males who are cigarette smokers are bearing a totally inequitable burden of risk of death from cancer of the lung. Whether they continue to accept that burden of risk is for each to decide for himself. It would seem, however, that cheap though cigarettes are in these islands, the cost is greater than any can afford.

### *Respiratory Disease Mortality*

Other than malignancy, the Group VIII diseases (respiratory system) accounted for 61 deaths in 1971. This same group accounted for 117 deaths in 1970 and the reduction is most striking. However, here again the influence of the ‘new’ death certificate is responsible. Respiratory illness is often the terminal event in



the sequence leading to death—not the first. In past years, as I have already indicated, it was often only the terminal event which was recorded on the old form of death certificate and which was therefore coded as the cause of death. In fact, in almost every other case, it probably was not the cause of death and ought not to have been represented as such. The 1971 figures are probably much nearer to being a true record of respiratory mortality than those given for preceding years.

Of the 61 respiratory deaths 33 occurred among males and 28 among females, approximately half of each occurring in ages over 75 years.

For further detailed information on mortality the reader is referred to Appendix III at the end of this report. Broadly speaking, three-quarters (76%) of all mortality occurred after the age of 65 years, but there is a marked difference between the sexes. 64% of males died before reaching 75, whereas 60% of females survived to 75 before death.

### *Cremations*

There were 217 cremations during the year, which includes 5 from elsewhere, cremated in Guernsey. This is the highest total of elections for cremation ever recorded, the previous highest being in 1969 with 195. Setting aside cremations elected elsewhere but carried out in the Guernsey Crematorium, 1971 cremations represent an increase of 8.7% over 1969. Earth burial is still twice as popular as cremation, but elections for cremation continue to gain ground.

### *Notifiable Infectious Disease*

Only 24 cases of infectious disease were notified during 1971 and of these 9 were cases of pulmonary tuberculosis, as against 14 (of 51 notifications) in 1970. There were 3 cases of Salmonella food poisoning and a single case of dysentery.

The most interesting group was 6 cases of encephalitis, all of which occurred in November and all within the same group practice. All recovered completely, although one was very gravely ill at one stage of the infection. This case was established as due to an infection by Coxsackie virus and, although confirmation is lacking, one is tempted to believe that the same organism was responsible for all six cases. The differential determination of virus infections is a task which only certain specialised laboratories can undertake and this is beyond local resources. With the realisation that every case was making a clinical recovery, the determination of the infecting agent was seen as something of an academic exercise. While it would have been most interesting to have been able to establish a single common agent, I fully endorse the decision of the clinician who had the management of all six of these cases. The epidemiological common factor has not been traced and so this curious little outbreak will probably remain as much a mystery as the four cases of Flexner dysentery which occurred, all in the same family, in 1970. Happily the final outcome was 100% recovery and so the inquisitive urge to solve the origin of the infection was thereby diminished.

Notifiable Diseases 1971

	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>June</i>	<i>July</i>	<i>Aug</i>	<i>Sept</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Total</i>
T.B. ....	1	3	—	1	—	—	—	1	1	—	—	2	9
Scabies .....	—	—	1	1	1	1	—	—	—	—	—	1	5
Salmonella ...	—	—	—	—	—	1	—	—	1	1	—	—	3
Dysentery .....	—	—	—	—	—	—	1	—	—	—	—	—	1
Encephalitis ...	—	—	—	—	—	—	—	—	—	—	6	—	6
	1	3	1	2	1	2	1	1	2	1	6	3	24

KING EDWARD VII HOSPITAL

	<i>Admissions</i>	<i>Deaths</i>
Geriatric .....	14	10
Pulmonary T.B. ....	12	1
Salmonella Infection .....	1	—
Chicken Pox .....	4	—
	—	—
	31	11
	—	—

*The Sexually Transmitted Infections*

Venereal diseases continue to spread. Over 1,000 attendances were made to the male Special Treatment Clinic alone during the year and new infections were nearly 11% greater than during the preceding year.

Of all the new infections among males, nearly one-quarter occurred among teenagers (age-group 15-19 years: 44 cases = 24%) including one of the two new cases of syphilis. 86% of all new infections contracted by males were contracted at ages below 30 years. Rather than admit ignorance of the risks of promiscuity, too many pretend to ignore those risks, with the results shown in the statistical return at Appendix IX. Their continued indulgence will ensure that the venereal diseases infect more young persons each year.

The female section of the Special Treatment Clinic also shows an increase in the number of new infections by comparison with last year. Again syphilis occurs among the new infections for the first time in recent years. Total attendances are about average at 92 during the year, but it is evident, from information available elsewhere, that girls contracting (or suspecting that they may have contracted) venereal disease are attending their family doctors in the first instance. This means that confirmation of venereal infection is followed by treatment, but the fact of the occurrence of infection is not recorded in the table at Appendix X. The true incidence of the sexually transmitted diseases among females is not reflected in these figures: it is considerably greater than is shown here.

*Health Visiting*

1971 has been the first year of the experiment of 'practice alignment', a re-organisation intended to provide the skills and experience of Health Visitors to each of the group practices. While still working from and maintaining their relationship with the Health Department, each Health Visitor has a particular responsibility to a group practice so that they can work in concert with the



partners of that practice towards the greater benefit of patients. Looking back on the first year of this scheme it can justly be claimed to be a success. The result aimed for, improved service to the public, is being realised.

Unfortunately there are not enough Health Visitors to go round and this has been the greatest handicap to the success of the scheme. With a strength already below establishment at the beginning of the year we suffered a net loss of one further Health Visitor during the year. In mid-March we were happy to welcome back Mrs. M. Langlois who had been on the staff, before her marriage, until September 1969. However, at the end of the same month we had perforce to say farewell to Mdme M. D. Prevot, who had by then reached the age of retirement. Mdme Prevot commenced States service in October 1952 and had seen many changes in her 18½ years with the Board of Health. She brought long and diverse experience with her, together with a capacity for hard work which enabled her to meet the very many and varied responsibilities of the early days of Health Visiting in Guernsey. We are all sorry to see her go, but with her go our best wishes for the happy and long retirement she so richly deserves. Only two months later Mrs. J. Erskine elected to leave in order to devote her whole attention to family commitments, which were happily about to increase. The most recently joined of the Health Visitors she had quickly established herself as an enthusiastic supporter—and originator too—of new ideas and innovations. While sharing her joy at the reason for her departure, we were all sorry to see her go so early in her appointment. It may be that, in the fulness of time, she may find herself able to return: if so she can be assured of a ready welcome.

One of the innovations instituted by the Health Visitors during the year has been the commencement of parentcraft classes, intended to instruct and inform young expectant mothers (and their husbands) in some of the salient facts of their new life—with baby. These courses, of eight talks, films, or demonstrations together with instruction in exercises planned to facilitate relaxation during childbirth, have undoubtedly met a need. Each course is now well-subscribed and well attended. Our thanks are due and most gratefully offered to the Deacons of the Eldad Elim Church for the facilities which make it possible to hold these courses in their Church Hall.

#### *Accidental Poisoning of Children*

There was a disappointing increase in the number of children admitted to hospital because of actual or suspected poisoning. In 1971 54 children required admission compared with 34 in 1970. 27 boys and 27 girls made up the total, whereas the previously recorded pattern had always shown more boys to be involved than girls. No case was fatal, a tribute to the prompt attention each received.

The average age of boys and girls was the same, about two years and four months. The oldest was a boy of six and the youngest were a boy and a girl each of ten months. 16 of the 54 cases (30%) were due to aspirin and two more to tablets of other kinds. In 15 cases the poison swallowed was not positively identified. Of the remainder, poisons included caustic soda, camphorated oil, window cleaner, parazone, turpentine, hair lotion and paint. Of more natural hazards the commonest were deadly nightshade, privet berries and toadstools. There seems to be no end to the variety of substances which an inquisitive child may decide to swallow to learn whether they taste good—or not.

## Accidental Poisoning of Children

Month	1970				1971			
	M	F	Monthly Total	Quarterly Totals & to date	M	F	Monthly Total	Quarterly Totals & to date
Jan	1	1	2		—	3	3	
Feb	2	3	5		1	2	3	
Mar	—	—	—	7/7	1	7	8	14/14
April	2	3	5		3	2	5	
May	3	2	5		3	2	5	
June	3	1	4	14/21	1	2	3	13/27
July	—	1	1		1	1	2	
Aug	2	2	4		5	2	7	
Sept	2	—	2	7/28	7	—	7	16/43
Oct	2	2	4		2	3	5	
Nov	1	1	2		2	1	3	
Dec	—	—	—	6/34	1	2	3	11/54
Total	18	16	34		27	27	54	

### REPORT OF MR. J. BALL, CHIEF PUBLIC HEALTH INSPECTOR, for the year 1971

#### INTRODUCTORY

Perhaps the most significant and eventful matter occurring during the year was the introduction of the Food & Drugs (Guernsey) Law 1970 as an Island law. This much-needed legislation has been long awaited and its operation empowers the States to make further detailed legislation regulating certain other matters in the sphere of food control in particular. (Perhaps the title of Food & Drugs Law is somewhat of a misnomer since the content of the law is mainly devoted to food.)

One of the matters in respect of which the States may make subordinate legislation is that regulating food hygiene, and it was with this thought in mind that the States Board of Health wisely decided to invite to the Island during May for one week Mr. Morley Parry, O.B.E., Food Hygiene Advisory Officer, Department of Health & Social Security, to launch, so to speak, the main legislation and to explain the necessity, principles and impact of the main law and the proposed subordinate food hygiene and allied legislation.

Comment in detail on Mr. Parry's visit is made later on in this report.

#### PERSONNEL

We welcomed during the year as Public Health Inspector on the establishment Mr. S. B. Wiltshire from the City of Birmingham and we wish him well in the Island.



# STATISTICAL

The total number of complaints made formally during the year was 1078, comparing with 1170 for the year 1970. Rodent (rat and mice) complaints, in addition, totalled 3021 but relevant statistics are referred to in detail under a separate section later in this report.

The following table refers to and includes classified and routine visits and inspections carried out by the Public Health Inspectors in the general category (i.e. excluding food matters).

## *Classified Inspections and Visits—General*

						<i>Total Visits</i>	
						1971	1970
Housing Inspections	...	...	...	...	...	110	(147)
Housing—Revisits	...	...	...	...	...	128	(191)
Overcrowding Complaints	...	...	...	...	...	9	( 29)
Drainage—Initial Visits	...	...	...	...	...	198	(154)
Drainage—Revisits	...	...	...	...	...	203	(298)
Drain Tests Applied	...	...	...	...	...	61	( 44)
Drain Tests—Revisits	...	...	...	...	...	53	( 51)
Septic Tanks	...	...	...	...	...	10	( 19)
Public Sewers	...	...	...	...	...	31	( 20)
Streams, etc.	...	...	...	...	...	36	( 52)
Public Conveniences	...	...	...	...	...	83	(118)
Verminous Premises—Visits	...	...	...	...	...	114	( 84)
Disinfestations	...	...	...	...	...	111	( 83)
Atmospheric Nuisances	...	...	...	...	...	58	( 63)
Noise Nuisances	...	...	...	...	...	15	( 16)
Abandoned Vehicles	...	...	...	...	...	2	( 3)
Refuse Accumulations	...	...	...	...	...	74	( 79)
Controlled Tips	...	...	...	...	...	79	( 78)
I.D. Investigations	...	.....	...	...	...	25	( 19)
I.D. Other Visits	...	...	...	...	...	28	( 92)
Workplaces	...	...	...	...	...	3	( 4)
Factories	...	...	...	...	...	3	( —)
Schools	...	...	...	...	...	—	( 5)
Caravans	...	...	...	...	...	—	( 4)
Camping Sites	...	...	...	...	...	3	( 5)
Rodent Control—Visits	...	...	...	...	...	40	( 36)
Rodent Control—Revisits	...	...	...	...	...	19	( 22)
Visits to Herm	...	...	...	...	...	2	( 2)
Visits to Alderney	...	...	...	...	...	3	( 2)
Visits to Jethou	...	...	...	...	...	1	( 1)
Visits with Other Departments	...	...	...	...	...	38	( 41)
Miscellaneous Visits	...	...	...	...	...	150	(163)
Unsuccessful Visits (No access)	...	...	...	...	...	63	( 30)
Plans Inspected	...	...	...	...	...	61	( 75)
Complaints from Parochial Authorities	...	...	...	...	...	13	( 19)

†Unusual Odour Nuisances	...	...	...	...	4	
†Circus—St. Sampson's	...	...	...	...	3	
†Derelict Structures	...	...	...	...	5	
*Wasp Disinfestation	...	...	...	...	2	(317)
†Special Visit to Sark	...	...	...	...	1	
†Fowl Pest Outbreak Disinfections	...	...	...	...	2	

Note: I.D. = Infectious Disease.

The figures in brackets refer to corresponding visits during the year 1970.

\* The Department relinquished responsibility for this service at the commencement of the year: the service is now met by the States Works Department.

† No comparable figures for 1970.

## HOUSING

Eight tenanted dwellings (including in one case part of a dwelling) were formally closed, and part of one dwelling was closed by voluntary agreement on the part of the landlord, during the year.

Years of neglect in property maintenance and the failure to secure improvement to bring the properties up to a standard more in conformity with that demanded in current times necessitated these formal closing procedures.

Amongst the items of unfitness found in some of these properties, one is perhaps worthy of comment: the incidence of steep, narrow, difficult to negotiate and acutely dangerous ladder-type staircases: this defect was discovered in 3 of the properties closed.

## FOOD HYGIENE AND CARE, FOOD PREMISES

The following table refers to the work of the Public Health Inspectors in the matter of food control, food premises and food hygiene inspections, advice and guidance.

### *Classified Inspections and Visits—Food*

								<i>Total Visits</i>	
								1971	1970
Sampling—Food	...	...	...	...	...	...	...	78	( 20)
Milk	...	...	...	...	...	...	...	4	( —)
Water	...	...	...	...	...	...	...	96	( 22)
Swimming Pool Water (Bact.)	...	...	...	...	...	...	...	4	( 2)
Swimming Pool Water (Cl <sub>2</sub> & pH)	...	...	...	...	...	...	...	67	(123)
Food Consumer Complaints	...	...	...	...	...	...	...	49	( 46)
Food Complaints—Other Visits	...	...	...	...	...	...	...	169	(157)
Food Surrender	...	...	...	...	...	...	...	154	(169)
Restaurants, Cafés, etc.	...	...	...	...	...	...	...	195	(338)
Bakehouses	...	...	...	...	...	...	...	38	( 44)
Canteens	...	...	...	...	...	...	...	5	( 7)
Licensed Premises	...	...	...	...	...	...	...	98	( 7)
Hotels, Guest Houses	...	...	...	...	...	...	...	292	(443)
States Dairy and Milk Depots	...	...	...	...	...	...	...	31	( 44)
Farms	...	...	...	...	...	...	...	61	( 68)
Packing Stations	...	...	...	...	...	...	...	3	( —)



Wet Fish Dealers	...	...	...	...	...	...	...	2	( 2)
Fish and Chip Shops	...	...	...	...	...	...	...	30	( 43)
Grocers	...	...	...	...	...	...	...	168	(215)
Greengrocers	...	...	...	...	...	...	...	7	( 3)
Butchers	...	...	...	...	...	...	...	38	( 11)
Confectioners (Bakery)	...	...	...	...	...	...	...	20	( 35)
Wholesale/Storage Depots	...	...	...	...	...	...	...	19	( 32)
Vending Machines and Sites	...	...	...	...	...	...	...	2	( 4)
Beach Kiosks	...	...	...	...	...	...	...	35	( 26)
Food Factories	...	...	...	...	...	...	...	67	( 19)
Retail Market	...	...	...	...	...	...	...	28	( 9)
Visits with Other Departments	...	...	...	...	...	...	...	106	( 87)
Miscellaneous Visits	...	...	...	...	...	...	...	170	(158)
Unsuccessful Visits	...	...	...	...	...	...	...	36	( 45)
Refuse Accumulations	...	...	...	...	...	...	...	14	( 23)
Food Poisoning—Investigations	...	...	...	...	...	...	...	9	( 3)
Food Poisoning—Other Visits	...	...	...	...	...	...	...	14	( 26)
*Food Poisoning—Sark	...	...	...	...	...	...	...	1	
*Water Supplies—Sark	...	...	...	...	...	...	...	3	
*Port Health (Food Importation)	...	...	...	...	...	...	...	5	
*Container Terminal	...	...	...	...	...	...	...	4	
*Aircraft Cargo Inspections	...	...	...	...	...	...	...	3	
*Health Education (Lectures to Food Traders, Food Handling Staffs)	...	...	...	...	...	...	...	18	
*Visits re Registration of Premises (S.15 Food & Drugs Law, 1970)	...	...	...	...	...	...	...	208	

\* No corresponding figures for 1970

In addition approximately 1,500 copies of two recommended Codes of Practice, compiled by your Chief Public Health Inspector, relating to structural and equipment hygiene, and to personal and food handling hygiene in all food premises were delivered to the vast majority of food traders and food trades interests on the Island during the first two weeks in May.

Further publicity was given to these Codes of Practice in the local press, the Chamber of Commerce and the Hoteliers, Guest House and Caterers Association in its monthly publications.

All premises requiring to be registered under the provisions of Sections 15 and 17 of the Food & Drugs (Guernsey) Law, 1970, were registered during the year.

*Samples submitted for Analysis (i.e. Substance, Nature and Quality)*

Type of sample	Reason for sampling	Result	Action Taken
Minced Beef	Suspected ‘foreign bodies’	Particles of fat	—
Loaf of Bread	Containing foreign body	Cigarette end	Referred for prosecution
Loaf of Bread	Containing foreign body	Vegetable grease	—
Baked Beans	Suspected sub-standard	Satisfactory	—
Cheese	Evidence of rodent activity	Confirmed, but contamination likely to have occurred outside island	—
Meat Pie	Containing foreign body	Identified as prepared vegetable protein (permissible additive)	—
Fruit Drink Concentrate (4 samples)	Request	Satisfactory	—
Mandarin Oranges (2 samples)	Request	Satisfactory	—
Corned Beef	Consumer complaint	Unsatisfactory air leak through small rust hole	Referred back to supplier
Corned Beef	Control sample	Satisfactory	—
Guernsey Biscuit	Foreign body?	Satisfactory small fragment of candied peel	—
Sausages	Sour odour?	Unsatisfactory	Stock withdrawn by retailer
White Bread	Foreign body?	Small flying insect	No formal action
White Bread (sliced)	Consumer complaint	Mould spots	Nil—mould proved to have developed in consumer’s home post-delivery
Bread Rolls	Salt content?	Below normal	Bakery informed
Liver and Ham Pâte	Food complaint	Indecisive	—
Bread Roll	Food complaint	Flour beetle	No infestation evident in bakery
Loaf	Food complaint	Cigarette end	Referred to Board of Health
Aperitif (Dubonnet)	Added water?	Genuine	—
Contents of Vacuum flask	Requested—contents separating out	Detergent present: contents also acidic	Investigation proceeding at year’s end
Ham (2 samples)	Maggot infested	Infestation confirmed	Referred to Board of Health. Warning letter sent

*Samples submitted for Bacteriological Examination*

Nature of Sample	Number Submitted	Reason for Sampling	Result	Action Taken
Parma Ham	11	Special sampling	8 unsatisfactory 3 satisfactory	Attention urged and stressed to storage & serving techniques Particles of fat
Minced beef	1	Suspected foreign bodies	satisfactory	—
Minced beef	1	Suspected foreign bodies	satisfactory	—
Corned beef	1	Suspected foreign bodies	satisfactory	—
Escallops	3	Routine	satisfactory	—
Escallops	2	Special sampling	satisfactory	—
Escallops	2	Routine	unsatisfactory	See comments below
Escallops (fresh)	1	Control/comparison	satisfactory	—
Escallops	3	Routine	satisfactory	—
King crab (whole cooked)	2	Routine	satisfactory	—
King crab (processed frozen)	25	Routine	unsatisfactory	See comment below
King crab (processed frozen)	5	Routine	unsatisfactory	See comment below
Crab (U.K production)	2	Control/comparison samples	satisfactory	—
Scampi (processed frozen)	5	Routine	satisfactory	—
Mussels Small quantity		Routine	unsatisfactory	See comment below
Mussels „		Routine	satisfactory	—
Oysters „		Routine	satisfactory	—
Chicken & Mushroom Pie Filling Local product	2	Routine	unsatisfactory	Changes in manufacturing procedures discussed and agreed Further samples to be taken
„ „	3	Routine	unsatisfactory	All stocks held for private use
Chicken & Mushroom Pie (U.K. branded product)	1	Control/comparison	satisfactory	—
Chicken Pie (U.K. branded products)	2	Control/comparison	satisfactory	—
Chicken & Mushroom Casserole (U.K. branded product)	1	Control/comparison	satisfactory	—
Fruit Concentrate	1	Consumer complaint	satisfactory	—
Mandarin Oranges	2	Consumer complaint	satisfactory	—
Shoulder Ham	1	Possible food poisoning investigation	unsatisfactory	See comment below
Milk	1	Possible food poisoning investigation	satisfactory	—
Baby food (opened and part consumed)	1	Possible food poisoning investigation	unsatisfactory	Home storage and handling circumstances at fault
Baby food	1	Control sample	satisfactory	—
Raw milk	2	Possible food poisoning	satisfactory	—



*Samples submitted for Bacteriological Examination (continued)*

Swabs (equipment surfaces)	14	In course of hotel inspection	4 satisfactory 10 unsatisfactory	Management warned and advised
Well water	118	Requests	88 satisfactory 30 unsatisfactory	Enquirers advised: desirability of purifi- cation apparatus stressed
Domestic mains water	1	Copper content?	satisfactory	—
Well water	1	Copper content?	within permissible limits	—
Mains water	4	Request of occupiers	satisfactory	—
Spring water	1	Request	satisfactory	—
Well water (Sark)	3	Request	satisfactory	Enquirers advised

COMMENT

*Shellfish*

The bacteriological examination results of 25 samples of King Crab in particular taken from an Island food processing plant were unsatisfactory in that each showed diffuse and multiple bacterial activity, although non-pathogenic. Most of these samples relate to the early stages after the plant first commenced operations. Sampling of these crab meat consignments at the U.K. ports on entry produced results of similar bacterial activity. The food is not held under detention on such evidence, but constant sampling and surveillance is necessarily maintained, results being recorded.

The local factory has been fully co-operative in endeavouring to attain improved structural and personal hygiene standards, and the inspection, supervision and advice of the Public Health Inspector has been appreciated, recommendations accepted and adopted in a bid to improve hygiene. The matter continued to be closely watched throughout the year, satisfactory standards being maintained.

*Shoulder Ham*

Unsatisfactory results of bacteriological examination of this food revealed the practice, at one of the Island supermarkets, of splitting a 2 lb. vacuum packed product for the purpose of two separate 1 lb. sales, thus endangering the safety of the food, particularly the portion left opened awaiting sale. The unsatisfactory ham samples was one of these portions. On the advice of the Public Health Inspector all packs are now sold unopened to the purchaser.

*Mussels*

A sample of mussels taken from a local source showed faecal contamination. These mussels were not, however, put on the market. The operator of this business enterprise was advised of suitable purification methods available, a procedure he intends to adopt.

*Well Water*

The abnormally high number of requests for private well water samples was, of course, mainly accounted for by the drought during, in particular, October and November.



## FOOD COMPLAINTS

There were 49 such complaints during the year, comparing with 46 for the year 1970: one was formally referred for prosecution resulting in the award of a £30 penalty against a bakery in respect of a cigarette filter tip in a loaf of bread. Two formal warning letters were sent.

Three complaints involved suspected internal sabotage at an Island bakery and formally reported to the Board of Health; the matters were investigated in liaison with the Island police.

Another category of food complaint noticed during the year was of a malicious nature—i.e. the deliberate addition of foreign bodies or extraneous matter into foodstuffs. Investigation of such types of complaints revealed invariably crude attempts at implanting foreign material in an unnatural position in the food, impossible during the normal food processing and preparation routine. Animosity between trader and customer, bad debt, etc., may be amongst the reasons for persons to so resort.

## FOODSTUFFS VOLUNTARILY SURRENDERED

Carcase meat	...	...	...	...	...	...	9589 lbs.
Meat and small joints	...	...	...	...	...	...	246 lbs.
Sausages	.....	...	...	...	...	...	355 lbs.
Tinned meat (principally ham)	...	...	...	...	...	...	1121 lbs.
Bacon	...	...	...	...	...	...	292 lbs.
Miscellaneous meat products	...	...	...	...	...	...	758 lbs.
Quick frozen foods	...	...	...	...	...	...	3929 pkts.
Vegetables	...	...	...	...	...	...	886 lbs.
Cheese	...	...	...	...	...	...	4675 lbs.
Tinned fruit and vegetables	...	...	...	...	...	...	419 lbs.
Tinned milk products	...	...	...	...	...	...	28611 lbs.
Butter	...	...	...	...	...	...	412 lbs.
Fruit	...	...	...	...	...	...	263 lbs.
Cereals	...	...	...	...	...	...	625 items
Sugar	...	...	...	...	...	...	7988 lbs.
Soft drinks	...	...	...	...	...	...	13292 bottles
Soft drinks	...	...	...	...	...	...	380 tins
Chocolate	...	...	...	...	...	...	580 items
Coconuts	...	...	...	...	...	...	200
Dairy cream	...	...	...	...	...	...	55 lbs.
Ice cream	...	...	...	...	...	...	913 items
Dessert foods	...	...	...	...	...	...	119 lbs.
Pie fillings	...	...	...	...	...	...	274 pkts.
Jam	...	...	...	...	...	...	311 lbs.
Tinned tomatoes	...	...	...	...	...	...	35 lbs.
Soups	...	...	...	...	...	...	17 lbs.
Coffee	...	...	...	...	...	...	72 pkts.
Eggs	...	...	...	...	...	...	3 cartons
Biscuits	...	...	...	...	...	...	13 lbs.
Parma ham	...	...	...	...	...	...	2 lbs.
Miscellaneous foods	...	...	...	...	...	...	547 lbs.

## COMMENT

The principal reasons for the voluntary surrender of foodstuffs for destruction vary from bad weather sea crossings in the cargo boats to bad and improper stock rotation at the wholesale and retail food outlets.

The former reason accounted for 90% of the carcase meat—amongst other items—destroyed, being rendered unfit on one crossing, in badly damaged containers: dockside delay before trans-shipment was another factor in causing unfitness in carcase meat.

The disposal and destruction of 28,611 lbs. of tinned milk products was occasioned by the request of the manufacturers who wished simply to withdraw their product off the market, it being a ‘non-selling line’.

Soft-spread cheese in the quantity of 4,675 lbs. was taken into surrender at the request of the manufacturers: an essential ingredient had been inadvertently omitted during processing. All stocks held in the Island were withdrawn and destroyed.

## SPECIAL SURVEY—LICENSED PREMISES

A detailed survey was made during the year on premises holding public house licences. An enquiry was made into structural, equipment and personal hygiene on the premises: the findings were noted and tabulated and the owners, principally the breweries concerned, or persons responsible, were advised and encouraged to carry out recommended works and practices to bring their premises up to a higher standard.

In one case it was found that there was no piped hot and cold running water and suitable drainage within the bars on the premises. On being advised of this serious omission the brewery-owners immediately put in hand remedial works.

## HEALTH EDUCATION

### FOOD HYGIENE PUBLICITY—*Visit of Mr. Morley Parry*

To give necessary publicity in the field of food hygiene, legislation in respect of which being under consideration for drafting, and to ‘launch’ the operation of Food & Drugs Law, 1970, explaining its requirements and impact, Mr. Morley Parry, O.B.E., Food Hygiene Advisory Officer, Department of Health & Social Security, was invited to the Island and was actively engaged from the 17th to the 22nd May in a quite onerous programme scheduled by your Chief Public Health Inspector.

Not only is Mr. Parry an expert in the realm of food hygiene and food care and control, who has successfully drafted ‘miles of legislation’ in these matters, he is also an excellent publicist, bettered by none in his subject, and able to speak and put his message over in an entertaining and charming manner.

During 5 days Mr. Parry, principally, and your Chief Public Health Inspector spoke on 11 formal and informal occasions, including meetings with representative committees of the Grocery, Butchery, Bakery, Licensed Victuallers and Hotel, Guest House and Catering interests. Mr. Parry addressed a well-attended public open meeting on May 20th, and the following day informal discussions were held with the Tenant of Herm Island.



Your Chief Public Health Inspector and Assistant Inspectors were very conscious of the very real and valuable job done by Morley Parry, not least in its public relations value and were grateful to him, and to the Board of Health for making his visit possible.

## OTHER HEALTH EDUCATION MATTERS

A number of informal talks to various bodies including the staffs of a Food Processing Plant was given, principally on the subject of food care and hygiene, by members of the inspectorial staff.

## FOOD POISONING OUTBREAK—SARK

This island was visited on Saturday, 17th July, at the urgent request of Dr. Usher Somers who reported daily outbreaks of cases of enteritis, possibly food poisoning, amongst the island population. Mr. Edwards and your Chief Public Health Inspector arrived on the island at 11 a.m. and by 4 p.m. were able, after a number of investigations, to conclude without reasonable doubt that the cause of spread of food poisoning infection was a carrier working on cream production in one of the island dairies. This carrier was confirmed and excluded from work in any food business, and sales and stocks of cream were stopped. Within 4 days Dr. Usher Somers was happily able to report that no new cases had been reported to him; in fact the outbreak had been brought under control.

That the investigation followed almost exactly classical textbook theory, so often confounded in other investigations, enabled your inspectors to help resolve expeditiously this unfortunate situation on the island.

## ENVIRONMENTAL CIRCUMSTANCES—NOISE

Comment must be made on the relatively new environmental hazard of noise. Although there has been no increase in the number of complaints and investigations of noise, the nature of nuisance brought to the notice of the Public Health Department showed that an economic aid in the growing industry had unwittingly brought with it, if not a proven health hazard, a physical annoyance and a possible loss of amenity and enjoyment. Apparatus of local manufacture to provide CO<sub>2</sub> enrichment of tomatoes by the burning of paraffin and propulsion of the gas by small high-speed fans through ductings, began to appear at some vineries towards the end of the year. When such apparatus is unfavourably or imprudently installed, a noise nuisance albeit subjective, can ensue. Optimum remedial action is not easily attained, involving negotiation with manufacturer and installer and grower whose interests are, of course, concerned primarily with economy, but shrouding and insulation measures at least have been put in hand in all cases so far investigated by the Department. It is felt, however, that the installation of this type of apparatus is likely to increase in the future and that complaints will become more frequent: the situation will be watched closely.

## RODENT CONTROL

The number of treatments, principally pursuant to complaint, carried out was 3021 (2763 in 1970). Treatment work effected on scheduled (formerly referred to as domestic) and non-scheduled premises (formerly referred to as non-domestic) divided exactly in proportion at 33 $\frac{1}{3}$ % and 66 $\frac{2}{3}$ %. Following the usual pattern



the 'winter months' i.e. October to March show approximately 32% more complaint notifications over the 'summer months' i.e. April to September: this is accounted for by rats, in particular, taking shelter in winter quarters, so to speak, so that their presence and nuisance is more evident and detectable.

The commercial pest control company—Messrs. Rentokil—was actively engaged during the year, and was in contract with 59 business enterprises and non-scheduled premises of various categories including hotels, guest houses, food premises, hospitals, etc. No contract was entered into during the year with any of the growing businesses, however, although it is understood that this matter has not yet been seriously pursued.

A reciprocal liaison is maintained between the Department and the company.

## DISINFESTATION

114 reported complaints of infestation of domestic premises by 'pulex irritans' (the human flea) were investigated, resulting in disinfestation treatment being applied in 111 cases (83 in 1970). The Department employs three main methods of attack on this scourge: a liquid disinfectant containing pyrethrum, a gaseous vapour containing dichlorvos and fume-generating pellets containing benzene hexachloride. All three are effective. The material used and method employed depend upon circumstances.

Statistics show that fleas are most active during high summer (July to September) and quiescent during January to March. It was noticeable that, in cases of other species of insect infestation reported to the Department, some complainants voluntarily availed themselves of the services in this field offered by Messrs. Rentokil.

## HERM

The island was visited twice: conditions were quite satisfactory.

## JETHOU

This island was visited on one occasion: conditions were found to be satisfactory. Advice was sought and given on a water storage problem.

## ALDERNEY

At the request of Dr. Bell, the island was visited by a Public Health Inspector on 3 occasions. Dairy farm conditions, sewage disposal and conservation, and food hygiene were amongst the matters investigated.

## CONFERENCES

Representatives of the Public Health Inspectors' staff were delegated to attend the Annual Weekend Seminar at Canterbury in March, a one-day seminar at the University of Surrey in July, and the Annual Conference of the Association of Public Health Inspectors at Eastbourne in October.

PUBLIC HEALTH DEPARTMENT—FINANCE

(The figures for 1970 are shown in brackets—adjusted to the nearest pound.)

LABORATORY

Analysis	...	...	...	...	...	...	£4,224.09	( 3537)
Cleaning and Sundries	...	...	...	...	...	...	1,575.98	( 1067)
Medical Supplies and Equipment	...	...	...	...	...	...	4,198.55	( 3392)
Salaries and Wages	...	...	...	...	...	...	23,770.21	(19810)
Superannuation	...	...	...	...	...	...	2,746.83	( 2334)
							£36,515.66	(30140)

PUBLIC HEALTH

Cleaning, Fuel, Light, Water and Rent	...	...	...	...	...	...	£2,110.84	( 1835)
Infectious Diseases:								
Doctors' Fees	...	...	1,027.81	(1127)				
Drugs, Vaccines, etc.	...	...	2,108.22	(1513)				
							3,136.03	( 2640)
Postage, Stationery and Telephone	...	...	...	...	...	...	1,204.56	( 917)
Salaries and Wages	...	...	...	...	...	...	34,347.49	(29662)
Superannuation	...	...	...	...	...	...	4,859.95	( 4035)
Travelling Expenses	...	...	...	...	...	...	2,993.09	( 2200)
V.D. Clinic	...	...	...	...	...	...	1,522.31	( 1498)
Other Expenses	...	...	...	...	...	...	3,262.06	( 2353)
							£53,436.33	(45141)
Less Recoveries from Education Council	...	...	...	...	...	...	9,510.00	( 9510)
							£43,926.33	(35631)



## ANNUAL REPORT OF THE PATHOLOGY DEPARTMENT 1971

The report of the Pathology Department appears here for the last time. In 1972 the appointment of a consultant pathologist will remove that department from the nominal control of the Medical Officer of Health, a control which has been so lightly exercised in recent years as to have been scarcely noticeable.

The Pathology Department has its origins in the earliest stirrings of public health in Guernsey. The special committee appointed by the Royal Court at the end of 1898 reported early in 1899. One of the three main recommendations made by that committee was the establishment of a laboratory and on this a sum of about £100 was spent. The following is extracted from the first Annual Health Report ever published in Guernsey, written by Dr. John Brownlee and presented to the States in May 1900.

### *“The Laboratory*

The administration of Public Health demands a fully equipped laboratory. It is only by this means that rapid diagnosis can be made in many cases of infectious disease, such as diphtheria and enteric fever. The detection of the tubercle bacillus in milk also requires special apparatus. The laboratory is equipped with the usual benches and tables and suitable gas and water fittings.

The bacteriological apparatus consists of an incubator, sterilizers, steam and hot-air, centrifugal machine, section cutter, hot-air oven, etc.; and the chemical appliances include a chemical balance, a platinum crucible, condensers, flasks, burettes, etc.

The microscope was supplied by Zeiss of Jena, and has powers of magnification up to about 1,000 diameters.

In all, the cost of equipping the laboratory amounted to about £70, and the microscope to £30 in addition.”

I fear that £100 would not go far now towards maintaining the sophisticated capabilities of the present pathology laboratory at the Princess Elizabeth Hospital. But that first equipment did noble service. The laboratory was sited in Lukis House for many years and sufficed until the Germans brought in equipment during the Occupation for the detection of disease among their own troops. Mr. G. A. Austin, immediate past Chief Health Inspector, managed the laboratory for all necessary public health purposes until after the Occupation.

Mr. H. A. Wilson, who writes this last, and his 25th report, came to Lukis House in 1947 to find his domain one small room, with a sink. He has seen huge changes from those humble origins to the present-day Pathology Department and to him must go all credit for his considerable part in the development which has taken place.

---

(Figures for 1970 are given in brackets.)

### *Section 1. General Laboratory Tests*

The number of reports issued was 27556 (24795) and specimens referred to Dorchester totalled 1295 (1532). The number of specimens referred to other United Kingdom centres was 775 (665).



*Section 2. Public Health Tests*

The number of reports issued was 84 (75). The bacteriological testing of various types of fish preparations made at the Guernsey Food Processing Co. together with oyster samplings was the main food on test. Various canned meats were also tested.

*Section 3. Blood Transfusion and Grouping*

	1969	1970	1971
A. Pints donated ... ..	1024	971	785
B. Blood donors requested ... ..	1186	1089	858
C. Patients x matched ... ..	541	629	558
D. A.H.G. packs prepared ... ..	34	90	98

The A, B and C figures all show a fall, and the number of pints donated was a decrease of 19%. One would like to accept that this result reflected more conservative use of blood and better control of the blood bank, rather than one unusual year of operation. The manufacture and storage of A.H.G. packs for the control of haemophiliacs was maintained and all requests were met.

*Section 4. Exfoliative Cytology*

The number of reports issued was 1340 (930). This figure relates specifically to cervical smears only, an increase of 41%. Together with increased cytology requests for other specimens, this section had the largest work load increase.

*Summary*

The total number of reports issued was 28980 (25800), the highest figure ever recorded, and an increase of 12.3%. Two events of major importance to this department occurred late in the year. These were the appointment of Dr. D. C. Lamb as Consultant Pathologist who will commence his duties in March 1972, and the other was the intention to build in 1972 an extension to the department to provide the necessary office accommodation for the Pathologist together with laboratory space to house apparatus and materials necessary to provide an adequate histo-pathology service in 1972/73.

Like many other departments 1971 was a year of considerable increase in the cost of materials and services; medical supplies were no exception and attempting to contain budget forecasts was very difficult.

The Pathology Department was initiated in 1947 and accommodated in one small room with a sink in Lukis House, so this is my 25th Annual Report.

It is gratifying to know at this stage of development that projects are in hand to further extend the facilities to improve the laboratory service to those who need and use it, together with more interest and challenge to all those who have made their contributions to the many advances, and who work in this department.

# ANNUAL HEALTH REPORT

## ALDERNEY 1971

### *Infectious diseases*

The incidence of infectious diseases was as follows:

Chickenpox ... ..	29	which persisted from February until July.
Measles ... ..	5	
German measles ... ..	5	
Mumps ... ..	3	
Glandular fever ... ..	2	
Meningococcal meningitis	1	

### *Vital Statistics*

Births ... ..	21	Of these four had to be sent away for delivery.
Deaths ... ..	19	Six additional deaths took place off the island.

### *Causes of death*

Congestive heart failure and diabetes	...	...	...	...	1
Toxaemia and senility	...	...	...	...	1
Carcinoma of prostate	...	...	...	...	2
Carcinoma of breast ...	...	...	...	...	1
Carcinoma of lung ...	...	...	...	...	6
Carcinoma of larynx ...	...	...	...	...	1
Cerebral atheroma and senility	...	...	...	...	2
Cerebral atheroma and hypertension	...	...	...	...	2
Pulmonary embolus ...	...	...	...	...	1
Coronary thrombosis	...	...	...	...	2

### *Population*

A census taken during the year showed an increase of 209 inhabitants over the last ten years. Figures taken in 1961 were 1472. This year's were 1681.

### *Building and Water Supplies*

Approximately 20 new houses were built in 1971, bringing the total in the last ten years to 260. This development has led to greatly increased water consumption, the demand being over four million gallons more than in 1970. This increased consumption is causing concern to the Water Board and steps are being taken to prevent wastage and also to control the extent of new building.

### *Sanitary Improvements*

During the year a new sewer was constructed from the top of Braye Road across Fontaine David to Newtown and thence to the Lower Road where sewage is pumped to the existing sewer at Platte Saline and there discharged, untreated, into the sea.

The town of St. Anne, including the Valley area and Newtown, can now be said to be on mains sewage while the outlying areas are increasingly dependant on tight cesspits.

*Sunshine and Rainfall 1971*

<i>Month</i>	<i>Sunshine hours</i>	<i>Rainfall mm</i>
January .....	59.9	83.2
February .....	84.4	22.0
March .....	118.5	45.7
April .....	168.0	46.8
May .....	251.6	22.9
June .....	204.0	56.4
July .....	309.0	35.6
August .....	163.2	55.7
September .....	227.3	11.3
October .....	176.1	54.0
November .....	108.1	64.9
December .....	38.5	42.4
	<hr/>	<hr/>
Total .....	1908.6	540.9
	<hr/>	<hr/>



# APPENDIX I

YEAR	Guernsey Estimated Population to middle of each year	BIRTHS		DEATHS			DEATHS Under 1 year	
		No.	Rate per 1,000 pop.	No.	Crude Rate per 1,000 pop.	Corrected Rate per 1,000 pop.	No.	Rate per 1,000 Births
1947	40,674	900	22.2	419	10.3	7.2	30	33.3
1948	43,179	870	20.2	445	10.4	7.3	17	10.5
1949	44,374	795	17.9	495	11.1	7.7	20	25.1
1950	44,792	746	16.6	480	10.7	7.4	22	29.5
1951	44,498	775	17.4	510	11.4	8.0	11	14.2
1952	43,357	736	16.9	464	10.7	7.5	24	32.6
1953	44,158	727	16.5	456	10.4	7.3	23	31.6
1954	43,414	689	15.8	492	11.3	7.9	9	13.1
1955	42,073	657	15.9	423	10.0	7.0	18	26.9
1956	41,149	701	17.0	495	12.0	8.4	14	19.9
1957	40,721	725	17.8	517	12.7	8.89	24	33.0
1958	43,450	717	16.5	497	11.4	7.98	16	22.3
1959	43,950	709	16.1	498	11.3	7.91	14	19.7
1960	44,700	769	17.2	491	10.9	7.63	11	14.3
1961	45,000	757	16.8	569	12.6	8.82	16	21.1
1962	45,203	797	17.6	569	12.5	8.68	15	17.6
1963	45,339	842	18.5	542	11.7	8.21	24	28.5
1964	45,475	891	19.6	540	11.89	10.22	19	21.32
1965	45,611	816	17.9	558	12.45	10.71	16	19.61
1966	45,747	780	17.05	564	12.3	10.57	13	16.6
1967	45,884	741	16.14	546	11.46	9.83	21	28.34
1968	46,182	752	16.28	656	14.2	12.21	16	21.28
1969	46,343	830	17.91	643	13.87	11.93	14	16.87
1970	46,505	794	17.07	616	13.24	11.39	13	16.37
1971	49,399†	768	15.55	646	13.08	*	10	13.02

\* Comparability factor based on the 1971 census cannot be calculated until certain statistics are available for 1972. Using the previous factor (0.86) the adjusted or corrected death rate is 11.25 per 1,000 population.

† Census figure.

APPENDIX II—POPULATION BY AGE GROUPS 1961-1971—GUERNSEY BAILIWICK

Age last Birthday	1961		1971		Percentage inc. or dec.(-) 1961-1971
	Persons	Males	Females		
0- 4	3706	1912	1794	Persons Males Females	Persons Males Females
5- 9	3481	1809	1672	4033 1994 2039	8.82 4.29 13.66
10-14	4075	2076	1999	4324 2214 2110	24.22 22.39 26.19
15-24	5706	2853	2853	4044 2052 1992	(-)0.76 (-)1.15 (-)0.35
25-34	5693	2826	2867	7885 3984 3901	38.19 39.64 36.73
35-44	6011	2955	3056	6417 3229 3188	12.72 14.26 11.20
45-54	6392	3155	3237	6154 3030 3124	2.38 2.54 2.23
55-64	5588	2587	3001	6468 3115 3353	1.19 (-)1.27 3.58
65 +	6447	2545	3902	6611 3147 3464	18.31 21.65 15.43
All ages	47099	22718	24381	7798 3113 4685	20.96 22.32 20.07
				53734 25878 27856	14.09 13.91 14.25

33

BAILIWICK BY ISLANDS

	Guernsey (inc. Herm and Jethou)				Alderney				Sark (inc. Brecqhou)			
	Persons	1961 Male	Female	1971 Male	Persons	1961 Male	Female	1971 Male	Persons	1961 Male	Female	1971 Male
0- 4	3572	1829	1743	3885	1928	1957	104	62	42	30	21	13
5- 9	3337	1726	1611	4187	2148	2039	120	69	51	24	14	16
10-14	3940	2006	1934	3927	1988	1939	108	57	51	27	13	16
15-24	5487	2737	2750	7654	3876	3778	159	88	71	60	28	26
25-34	5432	2675	2757	6157	3097	3060	194	117	77	67	34	34
35-44	5737	2810	2927	5888	2888	3000	204	109	95	70	36	39
45-54	6124	3038	3086	6149	2977	3172	183	80	103	85	37	30
55-64	5267	2436	2831	6228	2976	3252	206	98	108	115	53	48
65 +	6172	2414	3758	7383	2914	4469	194	97	97	81	34	67
All ages	45068	21671	23397	51458	24792	26666	1472	777	695	559	270	289

# APPENDIX III

## DEATHS BY AGE GROUPS AND CAUSES — 1971

Intern List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1971	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
<b>GROUP I</b>																					
<i>Infective and Parasitic Diseases</i>																					
009	Diarrhoeal disease ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
011	Pulmonary tuberculosis ... ..	—	—	—	—	—	—	—	—	—	—	3	1	—	—	—	—	3	1	4	
036	Meningococcal infection ... ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
038	Septicaemia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	
070	Infectious hepatitis ... ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1	
117	Other systemic mycosis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	
Totals: GROUP I ... ..		1	—	1	—	—	—	1	—	—	—	3	1	1	—	—	1	7	2	9	
<b>GROUP II</b>																					
<i>Neoplasms</i>																					
146	Malignant neoplasm of oropharynx ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	1	2	3	
150	Malignant neoplasm of oesophagus ...	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	4	—	4	
151	Malignant neoplasm of stomach ... ..	—	—	—	—	—	—	—	—	—	—	3	3	7	—	3	5	13	8	21	
153	Malignant neoplasm of large intestine, except rectum ... ..	—	—	—	—	—	—	—	—	—	—	1	3	2	1	1	3	4	7	11	
154	Malignant neoplasm of rectum and rectosigmoid junction ... ..	—	—	—	—	—	—	—	—	—	—	2	—	—	4	—	1	2	5	7	
Carried forward ... ..		—	—	—	—	—	—	—	—	—	—	6	6	12	5	6	11	24	22	46	



Intern List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total 1971
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward ... ..</i>	—	—	—	—	—	—	—	—	—	—	6	6	12	5	6	11	24	22	46
	<i>GROUP II (Continued)</i>																			
155	Malignant neoplasm of liver and intrahepatic bile ducts, specified as primary ... ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	1	1	2
156	Malignant neoplasm of gallbladder and bile ducts ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
157	Malignant neoplasm of pancreas ...	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—	—	1	2	3
161	Malignant neoplasm of larynx ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
162	Malignant neoplasm of trachea, bronchus and lung ... ..	—	—	—	—	—	—	—	—	—	—	14	2	12	—	10	1	36	3	39
174	Malignant neoplasm of breast ... ..	—	—	—	—	—	—	—	—	—	—	—	3	—	2	—	1	—	6	6
180	Malignant neoplasm of cervix uteri ...	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—	4	4
182	Other malignant neoplasm of uterus...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	3	3
183	Malignant neoplasm of ovary Fallopian tube and broad ligament ... ..	—	—	—	—	—	—	—	—	—	—	—	3	—	—	—	1	—	4	4
185	Malignant neoplasm of prostate ... ..	—	—	—	—	—	—	—	—	—	—	2	—	3	—	3	—	8	—	8
188	Malignant neoplasm of bladder ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	3
189	Malignant neoplasm of other and unspecified urinary organs ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	3	3
191	Malignant neoplasm of brain ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
192	Malignant neoplasm of other parts of nervous system ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	<i>Carried forward ... ..</i>	—	—	—	—	—	—	1	—	—	—	23	17	29	13	21	21	74	51	125

Intern List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1971
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
		—	—	—	—	—	—	—	—	1	—	23	17	29	13	21	21	74	51	125
	<i>Brought forward ... ..</i>																			
	<i>GROUP II (Continued)</i>																			
195	Malignant neoplasm of ill-defined sites ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
199	Malignant neoplasm without specification of site ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	—	3	1	4
200	Lymphosarcoma and reticulum-cell sarcoma ... ..	—	—	—	—	—	—	2	—	1	—	—	—	—	2	—	1	3	3	6
201	Hodgkin's disease ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
203	Multiple myeloma ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2
204	Lymphatic leukaemia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
206	Monocytic leukaemia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
211	Benign neoplasm of other parts of digestive system ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
230	Neoplasm of unspecified nature of digestive organs ... ..	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	2	1	3
234	Neoplasm of unspecified nature of uterus ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	2	2
239	Neoplasm of unspecified nature of other and unspecified organs ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
	Totals: GROUP II ... ..	—	—	—	—	—	—	2	—	2	—	25	18	33	18	26	25	88	61	149



Intern List No.	Cause of Death		Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total 1971
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<b>GROUP III</b>																				
	<i>Endocrine, Nutritional and Metabolic Diseases</i>																				
244	Myxoedema	... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
250	Diabetes mellitus	... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	1	2	2	4
255	Diseases of adrenal gland	... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
	Totals: GROUP III	... ..	—	—	—	—	—	—	—	—	—	—	1	—	1	1	2	1	4	2	6
	<b>GROUP IV</b>																				
	<i>Diseases of Blood and Blood-forming Organs</i>																				
281	Other deficiency anaemias	... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	Totals: GROUP IV	... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
	<b>GROUP V</b>																				
	<i>Mental Disorders</i>																				
303	Alcoholism	... ..	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
315	Unspecified mental retardation	... ..	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
	Totals: GROUP V	... ..	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	—	2	1	3

Intern List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all ages		Total Grand 1971
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<b>GROUP VI</b>																			
	<i>Diseases of the nervous system and sense organs</i>																			
340	Multiple Sclerosis ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
342	Paralysis agitans ... ..	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	3	2	5	7
	Totals: GROUP VI ... ..	—	—	—	—	—	—	—	—	—	—	1	1	1	2	—	3	2	7	9
	<b>GROUP VII</b>																			
	<i>Diseases of the circulatory system</i>																			
391	Rheumatic Fever with heart involve- ment ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	2	2
394	Diseases of mitral valve ... ..	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1	1	2
395	Diseases of aortic valve ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1
396	Diseases of mitral and aortic valves ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
397	Diseases of other endocardial structures	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	2
398	Other heart disease, specified as rheu- matic ... ..	—	—	—	—	—	—	—	—	—	—	—	2	1	1	—	—	1	3	4
400	Malignant hypertension ... ..	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	1	1	2	3
401	Essential benign hypertension ... ..	—	—	—	—	—	—	—	—	—	—	2	2	5	2	—	1	7	5	12
	<i>Carried forward</i> ... ..	—	—	—	—	—	—	—	—	—	—	5	6	6	5	—	5	11	16	27



Intern List No.	Cause of Death	Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75 +		Total All Ages		Grand Total 1971
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	<i>Brought forward ... ..</i>	—	—	—	—	—	—	—	—	—	—	5	6	6	5	—	5	11	16	27
	<i>GROUP VII (Continued)</i>																			
402	Hypertensive heart disease ... ..	—	—	—	—	—	—	—	—	—	—	—	3	6	3	2	10	8	16	24
410	Acute myocardial infarction ... ..	—	—	—	—	—	—	—	—	2	—	10	4	7	4	10	14	29	22	51
411	Other acute and sub-acute forms of ischaemic heart disease ... ..	—	—	—	—	—	—	—	—	—	—	2	—	1	1	—	2	3	3	6
412	Chronic ischaemic heart disease ... ..	—	—	—	—	—	—	—	—	—	—	4	3	7	7	15	24	26	34	60
422	Acute myocarditis ... ..	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	1
424	Chronic disease of endocardium ... ..	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2
425	Cardiomyopathy ... ..	—	—	—	—	—	—	—	—	—	—	3	—	1	—	—	—	4	—	4
426	Pulmonary heart disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17
427	Symptomatic heart disease ... ..	—	—	—	—	—	—	—	—	1	—	—	—	2	2	5	7	7	10	1
430	Subarachnoid haemorrhage ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	10
431	Cerebral haemorrhage ... ..	—	—	—	—	—	—	—	—	1	—	1	1	2	2	—	3	4	6	2
432	Occlusion of pre-cerebral arteries ... ..	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	1	1	2
433	Cerebral thrombosis ... ..	—	—	—	—	—	—	—	—	—	—	—	2	1	2	2	4	3	8	11
436	Acute but ill-defined cerebro-vascular disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
437	Generalized ischaemic cerebro-vascular disease ... ..	—	—	—	—	—	—	—	—	—	—	1	—	4	3	12	22	17	25	42
438	Other and ill-defined cerebrovascular disease ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
440	Arteriosclerosis ... ..	—	—	—	—	—	—	—	—	—	—	3	1	10	6	17	28	30	35	65
450	Pulmonary embolism and infarction ... ..	—	—	—	—	—	—	—	—	—	—	1	—	1	2	1	1	3	3	6
	Totals: GROUP VII ... ..	—	—	—	—	—	—	1	4	2	32	22	48	37	64	123	148	185	333	

Intern List No.	Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total All Ages		Grand Total 1971
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<b>GROUP VIII</b> <i>Diseases of the respiratory system</i>																			
466	Acute bronchitis and bronchialitis ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	2
480	Viral pneumonia ... ..	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
485	Bronchopneumonia, unspecified ...	—	—	—	—	—	—	—	—	—	—	1	—	2	4	5	9	8	13	21
486	Pneumonia, unspecified ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	1	3	3	3	5	8
490	Bronchitis, unqualified ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
491	Chronic bronchitis ... ..	—	—	—	—	—	—	—	—	1	—	2	—	8	4	7	—	18	4	22
492	Emphysema ... ..	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	2	1	3	4
514	Pulmonary congestion and hypostasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	2
	Totals: GROUP VIII ... ..	1	—	—	—	—	—	—	—	1	—	4	2	11	9	16	16	33	28	61
	<b>GROUP IX</b> <i>Diseases of the Digestive System</i>																			
532	Ulcer of duodenum ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
533	Peptic ulcer, site unspecified ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
551	Other hernia of abdominal cavity with- out mention of obstruction ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1
560	Intestinal obstruction without mention of hernia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
561	Gastro-enteritis and colitis, except ulcerative, of non-infectious origin ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
	Carried forward ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	1	3	3	6



Intern List No.	Cause of death		Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75+		Total All Ages		Grand Total 1971
			M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
	<i>Brought forward ... ..</i>		—	—	—	—	—	—	—	—	—	—	—	—	—	2	3	1	3	3	6
	<i>GROUP IX (Continued)</i>																				
562	Diverticula of intestine ... ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
563	Chronic enteritis and ulcerative colitis		—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
569	Other diseases of intestines and peritoneum ... ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
571	Cirrhosis of liver ... ..		—	—	—	—	—	—	—	—	—	—	—	—	5	1	1	—	6	1	7
574	Cholelithiasis ... ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
577	Diseases of pancreas ... ..		—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	1	1	1	2
	Totals : GROUP IX ... ..		—	—	—	—	—	—	—	—	—	—	2	—	5	3	4	5	11	8	19
	<i>GROUP X</i>																				
	<i>Diseases of genito-urinary system</i>																				
580	Acute nephritis ... ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1
590	Infections of kidney ... ..		—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	2	2
600	Hyperplasia of prostate ... ..		—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	2
	Totals: GROUP X ... ..		—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	2	3	5
	<i>GROUP XII</i>																				
	<i>Diseases of the Skin and Subcutaneous Tissue</i>																				
606	Other local infections of skin and subcutaneous tissue ... ..		—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1

Intern ListNo.	Cause of Death	Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75+		Total All Ages		Grand Total 1971	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
<b>GROUP XV</b>																					
<i>Certain Causes of Perinatal Morbidity and Mortality</i>																					
770	Conditions of placenta ... ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1		
776	Anoxic and hypoxic conditions not elsewhere classified	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3	
777	Immaturity, unqualified ... ..	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	3	
Totals: GROUP XV ... ..																					
		4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7	
<b>GROUP XVI</b>																					
<i>Symptoms and Ill-Defined Conditions</i>																					
782	Symptoms referable to cardiovascular and lymphatic system ... ..	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	2	2	4	6	
792	Uraemia ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	3	1	3	4	
794	Senility without mention of psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	8	2	8	10	
796	Other ill-defined and unknown causes of morbidity and mortality ... ..	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
Totals: GROUP XVI ... ..																					
		—	1	—	—	—	—	—	—	—	—	1	—	2	2	2	13	5	16	21	



Intern List No.	Cause of Death	Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75 +		Total All ages		Grand Total 1971
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F			
	<i>GROUP EXVII</i> <i>Accidents, Poisonings and Violence</i> <i>(External cause)</i>																			
813	Motor vehicle traffic accident involving collision with other vehicle ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
814	Motor vehicle traffic accident involving collision with pedestrian ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1
815	Other motor vehicle traffic accident involving collision ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
825	Street car accident ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
830	Accident to watercraft causing submersion ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	1
832	Other accidental submersion or drowning in water transport ...	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
890	Accident caused by conflagration in private dwelling ...	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	2	—	2
910	Accidental drowning and submersion	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
929	Other and unspecified accidents ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	1
951	Suicide and self-inflicted poisoning by gases in domestic use ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1	1	—	2
953	Suicide and self-inflicted injury by hanging, strangulation and suffocation ...	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	2
954	Suicide and self-inflicted injury by submersion (drowning) ...	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	1
984	Submersion (drowning) undetermined whether accidentally or purposely inflicted ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
	Totals: GROUP EXVII ...	—	—	3	—	3	—	3	—	3	—	3	—	2	1	—	1	14	2	16

Cause of Death	Under 1		1 - 4		5 - 14		15-24		25-44		45-64		65-74		75+		Total all Ages		Grand Total 1971	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
<i>GROUP NXVII</i>																				
<i>Accidents, Poisonings and Violence</i> <i>(Nature of Injury)</i>																				
892	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
933	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	2	—	2	
986	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	1	
994	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	2	
<hr/>																				
Totals: GROUP NXVII ... ..																				
6																				

APPENDIX IV  
DEATHS BY AGE GROUPS—SUMMARY 1971

Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75+		Total All Ages		Grand Total 1971	Total 1970
	M F		M F		M F		M F		M F		M F		M F		M F		M F			
GROUP I: Infective and Parasitic Diseases ...	1	—	1	—	—	—	1	—	—	—	3	—	1	1	—	1	7	2	9	7
GROUP II: Neoplasms ...	—	—	—	—	—	—	2	—	2	—	25	18	33	18	26	25	88	61	149	91
GROUP III: Endocrine, Nutritional, and Metabolic Diseases ...	—	—	—	—	—	—	—	—	—	—	1	—	1	1	2	1	4	2	6	7
GROUP IV: Diseases of the Blood and Blood Forming Organs ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	1	4
GROUP V: Mental Disorders ...	—	—	—	—	—	1	—	—	1	—	1	—	—	—	—	—	2	1	3	3
GROUP VI: Diseases of the Nervous System and Sense Organs ...	—	—	—	—	—	—	—	—	—	—	1	1	1	2	—	3	2	7	9	5
GROUP VII: Diseases of the Circulatory System ...	—	—	—	—	—	—	—	1	4	2	32	22	48	37	64	123	148	185	333	283
GROUP VIII: Diseases of the Respiratory System	1	—	—	1	—	—	—	—	1	—	4	2	11	9	16	16	33	28	61	117
GROUP IX: Diseases of the Digestive System	—	—	—	—	—	—	—	—	—	—	2	—	5	3	4	5	11	8	19	16
GROUP X: Diseases of the Genito-Urinary System ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	2	2	3	5	13
GROUP XI: Complications of Pregnancy, Child-birth and the puerperium ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Carried forward ...	2	—	1	1	—	1	3	2	8	2	69	43	100	72	114	177	297	298	595	546



Cause of Death	Under 1		1-4		5-14		15-24		25-44		45-64		65-74		75 +		Total all Ages		Grand Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	1971	1970
<i>Brought Forward</i> ... ..	2	—	1	1	—	1	3	2	8	2	69	43	100	72	114	177	297	298	595	546
GROUP XII: Diseases of the Skin and Subcutaneous Tissue ... ..	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	1	1
GROUP XIII: Diseases of the Musculoskeletal System and Connective Tissue ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
GROUP XIV: Congenital Anomalies ... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
GROUP XV: Certain Causes of Perinatal Morbidity and Mortality ... ..	4	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	3	7	8
GROUP XVI: Symptoms and Ill-defined Conditions	—	1	—	—	—	—	—	—	—	—	1	—	2	2	2	13	5	16	21	43
GROUP EXVII: Accidents, Poisonings and Violence (External Cause)	—	—	—	—	3	—	3	—	3	—	3	—	2	1	—	1	14	2	16	8
GROUP NXXVII: Accidents, Poisonings and Violence (Nature of Injury)	—	—	—	—	1	—	—	—	1	—	1	1	—	—	1	1	4	2	6	8
1971	6	4	1	1	4	1	6	2	12	2	74	44	105	75	117	192	325	321	646	—
1970	7	6	3	—	2	2	4	—	6	7	85	40	110	61	109	174	326	290	—	616

APPENDIX V

INFANT DEATHS 1971—CAUSES

*Cause of Infant Deaths—Under 1 month—1971*

*International  
Classification*

						M	F	Total
480	Viral Pneumonia	...	...	...	...	1	—	1
770	Conditions of Placenta	...	...	...	...	—	1	1
776	Anoxic and Hypoxic Conditions not elsewhere Classified	...	...	...	...	2	1	3
777	Immaturity—Unqualified		...	...	...	2	1	3
						5	3	8

*Cause of Infant Deaths—From One Month to One Year—1971*

*International  
Classification*

						M	F	Total
009	Diarrhoeal Disease	...	...	...	...	1	—	1
796	Other Ill-defined and Unknown Causes of Morbidity and Mortality	...	...	...	...	—	1	1
						1	1	2

APPENDIX VI

MORTALITY

*Cancer (all forms)*

*Number of Deaths*

			<i>Deaths per 1,000 of population</i>		
	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>England &amp; Wales</i>
1967	114	167	2.5	2.6	2.3
1968	124	190	2.7	3.0	2.3
1969	121	190	2.6	2.9	2.4
1970	91	162	2.0	2.5	2.4
1971	149	184	3.02	2.56	x

*Lung Cancer only*

*Number of Deaths*

			<i>Deaths per 1,000 of population</i>		
	<i>Guernsey</i>	<i>Jersey</i>	<i>Guernsey</i>	<i>Jersey</i>	<i>England &amp; Wales</i>
1967	26	40	0.56	0.72*	0.58
1968	21	57	0.45	0.83*	0.59
1969	23	54	0.5	0.82*	0.61
1970	20	37	0.45	0.63*	0.63
1971	39	50	0.79	0.69	0.63†

x not available

\* adjusted to relate to resident population only.

† provisional



# APPENDIX VIII

## ANNUAL STATISTICS FOR HEALTH VISITORS 1971

### *Health Visiting*

								1971	1970
1.	Primary visits 0-1	...	...	...	...	...	...	834	843
2.	Primary visits 1-5	...	...	...	...	...	...	167	267
3.	Revisits 0-1	...	...	...	...	...	...	1428	2098
4.	Revisits 1-5	...	...	...	...	...	...	1221	2510
5.	Problem families	...	...	...	...	...	...	84	59
6.	Infectious households	...	...	...	...	...	...	134	205
7.	Geriatric	...	...	...	...	...	...	1091	1492
8.	Handicapped (mentally and physically)	...	...	...	...	...	...	107	68
9.	Special and other visits	...	...	...	...	...	...	493	846
10.	Non-effective visits	...	...	...	...	...	...	1094	1222
11.	Ante-natal visits	...	...	...	...	...	...	54	—
12.	Total of visits	...	...	...	...	...	...	6707	9610

### *Board of Health Clinics—Sessions*

13.	T.B. and chest	...	...	...	...	...	...	26	51
14.	Inoculation and vaccination	...	...	...	...	...	...	59	107
15.	Staff and extra medicals	...	...	...	...	...	...	82	100
16.	Infant welfare	...	...	...	...	...	...	127	107
Administration and Organisation Sessions for Board of Health and School Medical Services								272	135
Weekend and Evening visits for Board of Health and School Medical Services								72	49
Special Meetings (with Doctors, etc.)								86	65

APPENDIX IX

SPECIAL TREATMENT CLINIC 1971

MALE SECTION

								1969	1970	1971	
1.	Number of persons under treatment or surveillance on 1st January, 1971 :										
	Syphilis	...	...	...	...	...	...	3	0	1	
	Gonorrhea	...	...	...	...	...	...	10	12	10	
	Non-specific or non-venereal conditions						...	18	12	10	
2.	Number of persons previously removed from register who returned for treatment due to re-infection ...							4	6	12	
3.	Number of fresh infections during the year :										
	Syphilis contracted locally	...	...	...	...	...	...	0	0	1	} 2
	Syphilis contracted outside the Island	...	...	...	...	...	...	0	1	1	
	Gonorrhea contracted locally	...	...	...	...	...	...	14	40	11	} 71
	Gonorrhea contracted outside the Island	...	...	...	...	...	...	56	36	60	
	Non-specific or non-venereal conditions contracted locally						...	28	54	19	} 111
	Non-specific or non-venereal conditions contracted outside the Island						...	47	35	92	
4.	Cases discharged :										
	Syphilis	...	...	...	...	...	...	3	0	0	
	Gonorrhea	...	...	...	...	...	...	68	77	72	
	Non-specific or non-venereal conditions						...	81	92	115	
5.	Number of persons remaining under treatment or observation on 31st December, 1971 :										
	Syphilis	...	...	...	...	...	...	0	1	3	
	Gonorrhea	...	...	...	...	...	...	12	10	9	
	Non-specific or non-venereal conditions						...	12	10	6	
6.	Number of attendances ...							982	990	1059	
	G.C.		1970	1971	<i>N.S.U. or N.V. conditions</i>				1970	1971	
	Seamen	...	18	23	Seamen	...	...	13	40		
	Visitors	...	16	6	Visitors	...	...	20	13		
	Hotel staff	...	19	14	Hotel staff	...	...	15	12		
	Imported labour	...	17	18	Imported labour	...	...	20	12		
	Local persons	...	6	10	Local persons	...	...	21	34		
			76	71				89	111		

Of the total number of Gonorrhea cases, seven (2) were found to have Trichomonas Vaginalis infection.

104 (97) attendances by appointment outside regular hours including early a.m., late a.m., early and very late p.m. and Sundays:

		1970	1971			1970	1971
Seamen	... ..	20	22	Visitors	... ..	10	12
Hotel staff	... ..	58	61	Local persons	... ..	9	9

<i>Age group</i>		15/19	20/29	30/39	40+	<i>Totals</i>
Syphilis	... ..	1	—	—	1	2
Gonorrhea	... ..	10	54	4	3	71
NSU or NV	... ..	33	61	9	8	111
		—	—	—	—	—
		44	115	13	12	184
		—	—	—	—	—



# APPENDIX X

## SPECIAL TREATMENT CLINIC 1971

### FEMALE SECTION

								1969	1970	1971	
1.	Number of persons under treatment or surveillance on 1st January, 1971:										
	Syphilis	...	...	...	...	...	...	0	0	0	
	Gonorrhea	...	...	...	...	...	...	0	1	0	
	Non-specific or non-venereal conditions						...	0	3	0	
2.	Number of persons previously removed from register who returned for treatment due to re-infection						...	1	2	3	
3.	Number of fresh infections during the year:										
	Syphilis contracted locally	...	...	...	...	...	...	0	0	0	} 1
	Syphilis contracted outside the Island	...	...	...	...	...	...	0	0	1	
	Gonorrhea contracted locally	...	...	...	...	...	...	28	15	8	} 26
	Gonorrhea contracted outside the Island	...	...	...	...	...	...	0	0	18	
	Non-specific or non-venereal conditions contracted locally						...	3	7	1	} 2
	Non-specific or non-venereal conditions contracted outside the Island						...	0	0	1	
4.	Cases discharged:										
	Syphilis	...	...	...	...	...	...	0	0	0	
	Gonorrhea	...	...	...	...	...	...	27	16	23	
	Non-specific or non-venereal conditions						...	0	10	2	
5.	Number of persons remaining under treatment or observation on 31st December, 1971:										
	Syphilis	...	...	...	...	...	...	0	0	1	
	Gonorrhea	...	...	...	...	...	...	1	0	3	
	Non-specific or non-venereal conditions						...	3	0	0	
6.	Number of attendances						...	107	71	92	

## SCHOOL MEDICAL SERVICES

### ANNUAL REPORT 1971

This year we lost the services of two Health Visitors. Firstly Mrs. Prevot retired and our sincere wishes for a long and happy retirement go with her, for she has given a great many years of devoted service to the public. Secondly Mrs. Erskine was obliged to terminate her contract in order to devote her undivided attention to her family.

Unfortunately neither of these posts was filled. It had already been decided that the Guernsey Health Visitors could no longer refrain from starting up a service offering Parentcraft advice, so it was reluctantly decided that the Health Visitors would have to delegate their school work. Accordingly arrangements were made to appoint two School/Clinic Nurses for 1972.

We were fortunate in securing the services of Mrs. J. Goodwin, who joined us in April as Audiometrician. She will gradually take over the work of the technical side of hearing testing both in the schools and clinic. Now we can run a hearing testing service in parallel to that of vision testing.

The heart-beat of the Education Medical Service is still the Routine Periodic School Medical which is arranged to take place three times in a child's school life of which undoubtedly the most important is that of the school entrant.

#### *A. Entrance Examination of Infants*

The aim of this examination is to try to assess not only the physical standards of each child but also his probable emotional and intellectual response to a class situation with a teacher. Much preliminary work is done before the doctor examines the child. Screening tests of vision and hearing have taken place in the school; the Health Visitor has weighed and measured each child and sent a health questionnaire to be completed by the parent.

After the examination (at which a parent is normally present), if a more leisurely examination is indicated, then this is arranged to take place at Lukis House. Any defects discovered are fully explained and a possible reference to an ancillary clinic might be arranged and a direct referral is made back to the child's own General Practitioner.

The Health Visitor—basing her decision on the medical findings and the height/weight ratio might recommend the Free School Milk Scheme and the child's name is listed if the parent agrees. The parent is told that the child will be seen regularly and the milk in school is stopped when this is no longer desirable or, at any time at the parents' request.

Until recently all school children on the Mainland received free school milk but now it is denied to the over sevens and this expense diverted to other educational needs.

Here, in Guernsey, the policy followed is to offer school milk only to the child who would benefit medically, with particular emphasis at the infant stage. This ensures maximum benefit from a minimum financial outlay.

The total number of children receiving milk in school in 1971 was 288; that in 1970 was 196.



The child, at the time of the examination, with the parents' consent, is skin tested to see whether or not tubercle bacilli are or have been present. If so it will evoke an acquired resistance and also an allergy or sensitivity to the protein of the tubercle bacillus. So a positive tuberculin test is an indication of the presence of acquired resistance. Statistically this will give us an idea of the extent of the problem of tuberculosis in the community.

#### B. *Intermediate Examination of Juniors*

This is conducted along the same lines as for infants with the sweep-testing of hearing and vision and the measuring of heights/weights beforehand. In addition the children are skin tested and if they are tuberculin negative (that is, have never been infected with the tubercle bacillus), they are vaccinated to evoke acquired resistance by deliberate infection with a harmless form of tubercle bacillus.

#### C. *The Leaver Examination of Seniors*

This is timed to take place a term or two before the minimum age at which a child might leave school. The same type of medical examination takes place and those who, for some reason or another, have not been vaccinated against tuberculosis are offered the vaccination.

#### *Survey among the 'Leavers'*

During 1971 the Health Visitors carried out a survey amongst this age group, primarily fact finding but also to gain experience for further surveys. Each child was given the option of participating or not; each child was told his answers were confidential and that the full benefit of the survey would be gained if he refrained from gossiping as we preferred his colleagues to arrive not fully primed with questions and answers. We explained that the purpose of the oral questions was to gain some insight into what his age group did out of school hours.

A total of 657 were questioned:

Out of 352 boys—82 smoke, i.e. 23.3%

Out of 305 girls—44 smoke, i.e. 14.4%

of the 352 boys—132 have part-time jobs, i.e. 37.4

of the 305 girls—125 have part-time jobs, i.e. 40%

With regards to pocket money, the findings were as follows:

	Boys	%	Girls	%
Pocket money of less than 25p or no formal pocket money ... ..	90	25.6	81	26.5
Pocket money of 25p per week ... ..	103	29.3	75	24.5
Pocket money of 50p per week ... ..	97	27.5	92	30.5
Pocket money of £1 and over per week ...	62	17.6	57	18.5

The industry of the 14-year-olds and the integrity was very striking. They knew exactly what they wanted and how to set about it. They knew how to spend their pocket money—a certain proportion on hobbies or clubs and only what was left went on sweets. They showed up well—they spoke quietly of their hopes and fears and already realised that they are young adults who must begin to accept responsibility and not look to the parent for all their needs. They are prepared to work and save for the little luxuries for which they yearn and do not expect their parents to provide.



During this year the grand total of 6951 children were handled by the School Medical Services. 2328 children were seen as at a periodic School Medical (1173 at school; 1155 at Lukis House) and 4623 children attended School Medical Services Clinics.

506 children were seen at Lukis House Clinic

247	„	„	„	Child Guidance Clinic
64	„	„	„	Mr. Midgley's Clinic
1282	„	„	„	Speech Therapy Clinic
218	„	„	„	Medical Audiology Clinic
2001	„	„	„	Orthoptic Clinic
106	„	„	„	Immunisation Clinic (for the school cruise)
199	„	„	„	BCG Clinic

4623 Attendances by children at School Medical Services Clinics.

A break-down of these figures follows:

*Periodic Medical Examination*

<i>Children examined at school</i>			<i>Children examined at Lukis House</i>			
<i>Boys</i>	<i>Girls</i>	<i>Totals</i>		<i>Boys</i>	<i>Girls</i>	<i>Totals</i>
124	119	243	Infants	105	86	191
284	286	570	Juniors	74	41	115
115	245	360	Seniors	512	337	849
<hr/>	<hr/>	<hr/>		<hr/>	<hr/>	<hr/>
523	650	1173	Totals	691	464	1155
<hr/>	<hr/>	<hr/>		<hr/>	<hr/>	<hr/>

*Defects Noted at Periodic Medical Examination*

			<i>Infants</i>			<i>Juniors</i>			<i>Seniors</i>		
			<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Teeth	...	...	60	53	113	40	30	70	34	115	149
Skin	...	...	16	19	35	14	23	37	28	88	116
Eyes	...	...	20	13	33	29	34	63	34	145	179
Speech	...		35	23	58	15	13	28	9	14	23
Orthopaedic			18	23	41	17	13	30	15	71	86
Flat feet	...		43	30	73	48	38	86	44	91	135
Lungs	...		12	9	21	17	13	33	4	27	31
Glands	...		17	15	32	16	14	30	9	8	17
Asthma	...		12	12	24	—	2	2	1	1	2
Heart	...		1	6	7	5	4	9	7	12	19
E.N.T.	...		70	68	138	85	76	161	67	114	181
TOTALS	...		575			549			938		

It was decided during 1971 to cease the practice of nominating school children for school medicals according to their date of birth but instead to class candidates for:

- (a) 'Leaver' Examinations as all those children in the 4th year at Secondary/Grammar School.
- (b) Intermediate Examination as all those in the last year at their junior school.
- (c) Entrants—all those who were in the 1st year reception class of the infants schools.

This has been gratefully accepted by all head teachers as they appreciate that the upheaval caused by the medical examination is now reduced to a minimum.

### SCHOOL CLINIC

This is held at Lukis House and the service is offered to both pre-school and school child. Appointments are requested by parent, teacher, Health Visitor, the General Practitioner, or because the school doctor has decided upon a more leisurely examination than can be done at school.

At this clinic the aim is for a more informal, unclinical approach to the problem in hand. There is no hurrying or harrying of child or parent; it is hoped that all leave with an easy mind, that an examination has been conducted and problems talked over satisfactorily.

The total number of children seen at these clinics was 506 of which 78 were of pre-school age. The breakdown in figures of the children attending this clinic is as under.

- 14 were babies brought for Development Testing.
- 146 attended for visual defects.
- 55 attended for E.N.T. conditions.
- 56 attend for speech defects.
- 50 were Training College candidates.
- 17 attended with behavioural problems.
- 1 attended requesting breathing exercises.
- 121 attended for a Routine School Medical.
- 46 requested a general medical overhaul.

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506

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As a result of these clinics:

- 94 children were referred to Mr. Neubert.
- 20 children were referred to Mr. Midgley, the otologist.
- 50 children were referred to Speech Therapy Clinic.
- 10 children were referred to Child Guidance Clinic.
- 1 child was referred to Physiotherapist.

## *Head Inspections*

Cleanliness inspections were carried out in the schools during the year by the Health Visitors. At these visits 14,625 children were seen. 89 children were found to be infested—a rate per thousand of 6.09.

## *Immunisation Clinics*

30 smallpox vaccinations were given; 38 x 2 anti-typhoid given to children going on cruises in the school holidays.

## *The Anti-Tuberculosis Programme in Schools*

This programme is carried out by the Health Visitors.

	<i>Infants</i>	<i>Juniors</i>
The total number of school children examined ...	434	685
Tuberculin testing not required ... ..	31	48
Number of school children eligible for T.T. ...	403	637
Number of school children absent from T.T. ...	26	8
Permission for testing refused by parents ... ..	9	17
Number of Tuberculin tests performed ... ..	368	612
Therefore acceptance rate for Tuberculin testing ...	97.6%	97.3%

Of the 612 juniors Tuberculin tested 589 were negative and 23 positive. Of the 589 eligible for B.C.G. vaccination, 15 were absent and one was refused by the parents, so 573 received B.C.G. vaccination—a 97.28% acceptance.

In addition a further 199 children were Tuberculin tested by the Health Visitors at Lukis House at the weekly immunisation clinic and 183 children received B.C.G. vaccinations there.

The screening of the pre-school child as regards development in all its aspects (including sight and hearing) is the responsibility of the Health Visitor. We must point out that the Health Visitor, in addition to fulfilling her duties as School Nurse has been carrying this out most efficiently. The infant who has not passed the standard norm in any or all fields is referred to the school doctor. The doctor might decide to watch over the pattern of development, referring at any time to the Speech Therapist, Child Guidance Clinic, the Educational Psychologist, or, where definite hearing difficulties are proved, the Teacher of the Deaf. All findings are reported back to the family doctor.

The screening of the school child as regards sight and hearing is the responsibility of the School Nurse and Audiometrician. All school children failing their norm are referred back to the school doctor. School entrants, however, are visually screened by the Orthoptist; all her failures are referred to the Eye Specialist, Dr. Neubert.



The Audiometrician, Mrs. J. Goodwin, reports that in the two terms for which she has been working, she has screened 2147 school children. These include the children for routine school medicals and the entire population of 8 infant schools. In addition she tested other pupils at the request of the head teachers. A breakdown of her work termly is thus:

1st term—1309 were tested of which 62 (4.8%) were monaural failures and 22 (1.7%) were binaural failures.

2nd term—838 children were screened of which 47 (5.6%) were monaural failures and 27 (3.2%) were binaural failures.

The failures were referred to the school doctor. Those considered meriting fuller investigation were given appointments to be seen at the Medical Audiology Clinic at Mount Durand. There, they were fully audiotested by the Teacher of the Deaf and an E.N.T. examination carried out by the school doctor. A medico-educational appraisal was then given to the accompanying parent who had the facility of an explanation of the problem from both the educational aspect by the Teacher of the Deaf and the medical aspect by the doctor. All findings were reported back to the family doctor and in some instances, appointments given for Mr. Midgley's clinic. In all, 218 school children received this attention.

Mr. Gordon Midgley, F.R.C.S., visiting E.N.T. consultant, held three clinics at Lukis House at which he saw a total of 64 children—26 of these were new cases and 38 were reviews. These figures are the same as for 1970.

It is appropriate here to mention that we have 3 pre-school children and 14 school children with deaf aids. There are 2 children being educated at mainland schools for the deaf.

The peripatetic teacher of the deaf, Mr. R. Goldsmith, in addition to being a valued member of the audiology team, undertakes a wide range of duties. He copes with educational assistance and guidance to parents of hearing-handicapped children; he advises teachers on the management of such children in the ordinary schools and gives help in the use and care of hearing aids, auditory training, speech improvement and lip reading, demonstration of the effects of room acoustics, etc. Mr. Goldsmith is paying weekly visits to 22 school children to assist them with their hearing difficulties and monthly visits to 40 school children and 2 pre-school children.

Mention must be made of the weekly teaching/counselling sessions given by the team of Health Visitor and Teacher of the Deaf, to the 3 pre-school tots regarded as being deaf. Their patience and expertise towards these means a slow but sure acquisition of language.

Our thanks must also be extended to Mr. Harris, the Audiology Technician who visits us from the mainland, on Mr. Midgley's instructions, audiotests and advises on the type of hearing aid to be issued and services broken aids.

*The Orthoptic Clinic* (conducted by Mrs. M. Edwards, D.B.O.)

In the year 1971, 2001 visits were made to the Orthoptic Clinic by children of all ages—they are referred there by Mr. Neubert, our Ophthalmologist, from the age of six months, as the importance of early treatment in squinters cannot be too strongly stressed.

It is not always realised that it is not only the appearance of a squinting child that we strive to improve, but also his binocular functions. In many cases an almost complete loss of vision can occur in the squinting eye over a relatively short period from the onset, and one of the first steps in Orthoptic treatment is the attempt (which succeeds in the majority of cases) to restore good sight in this eye before the Ophthalmologist operates to overcome the deviation. Once the eyes are placed in a favourable position it is the Orthoptist's function to try to encourage the eyes to work normally together and to maintain good sight in both.

Occlusion therapy, the patching of the active eye or the depressing of the vision in this eye with atropine ointment, can be successfully carried out from the age of 6 months and it is perfectly possible to assess the improvement at this age with objective tests. The earlier the onset of squint is in life the poorer the prognosis for a functional result, it is therefore of the utmost importance to attempt to overcome these squints as soon as they are noticed, before too much visual loss occurs and before perversities or suppression of the binocular function become too rigid to respond to Orthoptic treatment.

At present there are 60 children undergoing Orthoptic treatment regularly to improve the working of the two eyes together. 179 children are undergoing various forms of occlusion therapy and there are 86 children on the waiting list. In this latter group, all have been examined and assessed and have begun some type of preliminary treatment—spectacles, patches, etc., but the treatment of squint is often a laborious business which usually continues throughout the child's school days, although as he or she progresses they attend yearly only.

Last year 84 new cases were referred to the clinic by Mr. Neubert and he performed 38 squint operations. 51 children were discharged from the clinic, 36 with binoculars functions restored, 15 with good appearance but with out full restoration of binocular vision—these are the cosmetic discharges.

Each term the Orthopist, Mrs. Edwards, visits every infant department in our island schools and visually screens and assesses all new entrants. Last year 65 children were found to be suffering from some form of visual defect after screening and were referred to Mr. Neubert.

In a small community such as ours, there is no reason why every child should not receive adequate treatment, and thanks to the excellent co-operation of parents (only 5 children ceased to attend the clinic last year because they went to live on the mainland) and invaluable help received from teachers and from Chief Inspector Kelly who acts as our transport officer when parents cannot bring the children themselves, we think very few children, if any, are deprived of this service.

*Speech Therapy Clinic* (conducted by Miss J. M. Richmond, L.C.S.T.)

Miss Richmond reports that during the year 180 children put in 1282 attendances for treatment and observation. 42 children were discharged as their speech was within the bounds of normality or so greatly improved as to warrant discontinuing treatment. A further 3 children left school or left Guernsey. A record number of 84 new children were referred of which 66 were admitted and 15 did not require treatment. At 31st December the waiting list stood at 15.



During the autumn the Education Council gave permission for out-of-town clinics to be set up on school premises. This measure was to help those children living furthest from town. With the willing co-operation of the head teachers treatment was carried out at Les Hautes Capelles, the Church School, St. Sampson's, Forest and St. Peter's. A few other schools received occasional visits. The main aim of working in the distant schools was to prevent the children missing so much of their education in journeying to and from the town clinic. While there have been clear gains in this respect the loss of contact with the parents has mitigated against the children's progress in some instances.

Where suitable, the pre-school children are attending the out-of-town clinics.

It is pleasing to note that the early referral of the children is still occurring. 39% of the referrals were under 5; 53% between 5 and 7 years of age. It is rare for a junior or senior child to be referred, thus the effects of the defective speech on the child's education are minimised.

*Child Guidance Clinic* (conducted by Dr. B. J. Salisbury,  
M.B., M.R.C.Psych., D.C.H.)

Fifty-seven new patients were referred to the Child Guidance Clinic during the year, and a total of 247 consultations took place.

Mrs. Perfitt was appointed as a family aide—to work intensively with families where social problems in the family were responsible for the child's referral. Since her appointment some reorganisation has taken place, and Dr. Salisbury hopes that she will now be free to visit schools and hold discussions with those directly teaching children who are showing severe emotional disturbance, or grossly anti-social behaviour. This type of problem seems to have shown considerable increase over the past two or three years, and there is also a noticeable trend towards earlier referrals.

Several pre-school children have been referred for disturbed behaviour and parents have complained that they are unable to control these children. Often the parents are themselves very young, having started their families in their mid-teens. This trend is likely to continue and will give rise to increasing problems in the junior schools.

C. G. WHITE,  
School Medical Officer.



## REPORT ON SCHOOL DENTAL SERVICE 1971

During the year the following schools were inspected:

Câtel	Amherst Infants
La Chaumière	Beaucamp
Delancey	Vale Infants
St. Saviour's	Vale Junior
St. Peter Port	Boys' Grammar
Girls' Grammar	St. Martin's Infants
Amherst Junior	St. Martin's Junior
Special Care Unit	St. Joseph's

### INSPECTIONS

This made a total of 4294 inspected at school of which 1901 or 44.2% needed treatment. Of 3583 inspected at the clinic 2189 or 60.6% were in need of treatment. The overall percentage of the children examined who needed treatment was just over half at 51.9%. A visit was paid to the Special Care Unit in December and seven children were examined, one requiring treatment. I feel that the purchase of an anglepoise lamp for school inspections would be a great help.

### TREATMENT

The number of children of all age groups treated totalled 3458 and attendances were 11,602, averaging just over three visits per child. However with the emergency rate still keeping up, a proportion of the school population would have attended on one occasion only, for the relief of pain.

### CONSERVATION

The number of permanent teeth conserved as compared to deciduous teeth was 6731/863 or 7.8 to 1. The policy last year has been to concentrate on the permanent dentitions, filling only those deciduous teeth where success was assured or where the age of the patient made it necessary to conserve in order to prevent orthodontic problems in the future. With the secondary school patients a considerable amount of conservation was carried out on the anterior teeth.

### EXTRACTIONS

Again a greater number of permanent teeth had to be extracted, 1120 as compared to 973 in 1970. The vast majority of these were six-year molars, generally the first permanent teeth to erupt and unfortunately the first to decay. It is found that despite the dental hygiene advice given to children in the six—nine-year-old groups at the chairside, that a high proportion of these first permanent molars have to be either filled (if one catches them in time) or extracted. Again I must stress the beneficial effects on the fluoridation of water supplies particularly on this age group of child, in reducing this caries in the deciduous molars, and more important still, in the first permanent molars, which are the foundation stones as it were, for the permanent dentition.

## GENERAL ANAESTHETICS

These were slightly up on last year and continue to be the method of choice where (a) a number of teeth need extraction and (b) where infection makes local anaesthetic impossible.

## ORTHODONTIC AND PROTHETIC

Thirty dentures were supplied last year to restore in most cases the anterior teeth lost through decay and infection. Crowns fitted increased and this type of restoration of the anterior teeth is requested by a large number of accident cases, where fracture of anterior teeth has occurred. Orthodontic cases amounted to 47 with 96 appliances being fitted. The vast majority of the cases treated are of the simpler variety and respond well to the removable type of appliance.

DONAL J. HEARNS,

Principal Dental Officer.

Dental Inspection and Treatment carried out by the Authority during the year 1971:—

No. of Pupils on the Registers of Maintained Primary and Secondary Schools ... ..						7766	
(1) Number of Pupils inspected by the Authority's Dental Officers—							
(a)	at school inspections	...	...	...	...	4294	
(b)	at clinic	...	...	...	...	3583	Total 7877
(2)	Number found to require treatment	...	...	...			4090
(3)	Number actually treated	...	...	...	...		3458
(4)	Number of attendances made by pupils for treatment						11602
(5)	Number of patients made dentally fit	...	...	...			3351
(6) Sessions devoted to							
(a)	school inspections	...	...	...	...	36	
(b)	treatment	...	...	...	...	1381	Total 1417
(7) Fillings							
(a)	permanent teeth	...	...	...	...	6731	
(b)	temporary teeth	...	...	...	...	863	Total 7594
(8) Extractions							
(a)	permanent teeth	...	...	...	...	1120	
(b)	temporary teeth	...	...	...	...	2614	Total 3734
(9)	Number of general anaesthetics given for extractions						1289
(10)	Number of dentures provided	...	...	...	...		30
(11)	Number of crowns fitted	...	...	...	...		74
(12)	Number of root canal treatments	...	...	...			192
(13) Other operations							
(a)	permanent teeth	...	...	...	...	553	
(b)	temporary teeth	...	...	...	...	119	Total 672
(14) Orthodontics							
(a)	cases commenced during the year	...	...				47
(b)	cases completed during the year	...	...	...			34
(c)	cases discontinued during the year	...	...				9
(d)	number of appliances fitted	...	...	...			96

Total three surgeries.

DONAL J. HEARNS.







